

# Compulsory Medication of Prostitutes by the State.

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1. *Prostitution in Paris: Replies to the Remarks of M. Le Fort and Mr. Berkeley Hill, on certain passages in the Articles on Prostitution published in the Westminster Review.* London: 1870.
2. *Report of Royal Commission upon the Administration and Operation of the Contagious Diseases Acts.* Vol. 1. *The Report.* Vol. II. *The Minutes of Evidence.* London: 1871.
3. *La Prostitution à Paris et à Londres, 1789-1871.* Par C. J. LECOUR, Chef de la première division à la Préfecture de Police. Deuxième Edition. Paris: 1872.
4. *De la Prostitution dans les Grandes Villes au Dix-neuvième Siècle et de l'Extinction des Maladies Vénériennes.* Par le Docteur J. JEANNEL. Deuxième Edition. Paris: 1874.
5. *De l'Etat Actuel de la Prostitution Parisienne.* Par C. J. LECOUR. Paris: 1874.
6. *La Syphilis et la Prostitution dans leurs rapports avec l'Hygiène, la Morale et la Loi.* Par le Docteur H. MORET (de Marseille). Paris: 1875.
7. *Tables Relative to the Working of the Contagious Diseases Acts as regards the Army, comprising the Results obtained from the Returns of Twenty-eight Stations in the United Kingdom, being all the Stations at which the force was 500 Men and upwards.* Ordered by the House of Commons to be printed, June 17, 1875.
8. *Statement of the Grounds upon which the Contagious Diseases Acts are opposed.* By J. B. NEVINS. M.D. London: 1875.
9. *Annual Report for 1875, of Captain Harris, Assistant Commissioner of Police of the Metropolis, on the Operation of the Contagious Diseases Acts.* Ordered by the House of Commons to be printed June 12, 1876.
10. *Army Medical Department Report for the Year 1874.* Vol. XVI. London 1876.
11. *Enquiry into the Condition of Prostitution and the alleged Influence of the Contagious Diseases Acts.* By J. B. NEVINS, M.D. Liverpool: 1876.
12. *English and Continental Laws and Regulations concerning Prostitution.* (A pamphlet recently printed, but bearing no date, and without a publisher's or even a printer's name.)
13. *The New Abolitionists. A Narrative of a Year's Work; being an Account of the Mission undertaken to the Continent of Europe by Mrs. Josephine E. Butler, and of the Events subsequent thereupon.* London: 1876.
14. *The Medical Enquirer: a Monthly Journal and Review.* Liverpool.
15. *The Shield.* London.

IN the year 1859, or about five years before the date of the first Contagious Diseases Act, an article concerning the deterioration of the national health effected by the diseases especially associated with prostitution was prepared for publication in the *Westminster Review*. But it was found impossible to treat this very difficult subject effectively without making use of language which, by its plainness and simplicity, was likely to shock a large proportion of our readers; and considering how strong was the repugnance generally felt to the discussion of that subject in any non-medical periodical, we became convinced that the time had not yet arrived for dealing with the matter, even in the *Westminster Review*, with that thoroughness which seemed to us necessary in order that the article might achieve the object for which it was written. It was therefore laid aside during ten years. Meanwhile public attention was gradually directed to the great and costly deterioration of the British army and navy effected by the ravages of those contagious diseases commonly originating in, or associated with, and propagated by, the practice of prostitution, and the public feeling respecting the expediency of public discussion of the subject became so

far modified, that in 1869 we felt ourselves justified in publishing the article, which accordingly appeared, in July of that year, under the title, "Prostitution: its Effects on the National Health." As stated in the opening paragraph of the article, the purpose of it was to describe "a disease which is at once social, moral, and physical, and especially to exhibit the nature and extent of its agency in destroying the health and vigour of a large proportion of the inhabitants of the British Islands." Having shown as accurately as available and trustworthy data would permit what is the probable number of British women who habitually or frequently practice prostitution, we adverted to the fact of the extreme youth of a considerable proportion of prostitutes, to the length of time they usually exercise their profession, to the question—What, generally, is their ultimate fate? and to the remarkable and rapid transformation which the prostitute population is constantly undergoing. We then directed attention to venereal diseases, and gave a brief outline of what is known concerning the origin and spread, throughout the civilized world, of the most formidable and destructive of those diseases, viz., that which poisons and perma-

nently modifies the whole constitution of those who suffer from it, and which is now generally designated syphilis.

In the course of this exposition we adduced evidence from various and authoritative sources proving the truth of the following propositions:—

1. That when the syphilitic poison enters a human organism previously untainted by it, it produces morbid and profound changes in the blood itself.

2. That the elemental changes effected by syphilis in the fluid life, out of which all the organs and products of the body are elaborated, induce a degenerative modification of the structure, and therefore of the function, of every organ of which the system is composed.

3. That the degenerative changes or morbid effects wrought by syphilis are, in respect to both extent and duration, indefinite, and that neither by any medical régime, nor by any lapse of time, can a person, once constitutionally infected with the disease, be restored to the sanatory condition he was in before he became infected.

4. That a person who has suffered from syphilis becomes, *ipso facto*, peculiarly liable to attack by diseases of various kinds, and that the character of any ordinary disease from which he may suffer is generally so modified by the syphilitic influence, that the disease in question needs a special treatment having regard to that influence, and in a large proportion of cases is more difficult of cure than would be the same disease disassociated from the "syphilitic cachexia."

5. That in a considerable proportion of cases, diseases of special organs—of the lungs, the liver, the spleen, the kidneys, for example—which seem at first sight to have no causal connection with syphilis, are now known to be indubitable manifestations of it, and therefore, that the Registrar-General's Reports of the number of deaths caused annually by syphilis fail to give the faintest idea of the real fatality of this widespread disease.

6. That syphilis is hereditary, and by hereditary transmission is, in a modified form, diffused to an immense extent throughout society.

7. That in an immense number of cases syphilis blights the child in the womb—premature birth of the fœtus at various stages of development, almost always dead, and often putrid, being one of the characteristic results, and, in respect to women, one of the trustworthy diagnostic signs of the disease.

8. That in many cases, so active and invincible is the poisonous influence of hereditarily transmitted syphilis, that "it is no uncommon thing for a woman to suffer five, six, even ten or more abortions and premature deliveries, and never to have a healthy child."\*

9. That of the many syphilitic children born at the full term of gestation, and surviving it, a considerable number die within a few months after birth.

10. That in the large number of cases of children tainted with syphilis in which the disease does not prove fatal, it operates as a widely-spreading and powerfully-degenerative influence.

11. That a person who has once suffered from syphilis, and who has apparently been cured of

the disease, is never secure against a fresh outbreak of it in some one or more of its "secondary" or "tertiary" forms.

12. That though a person who has been infected with syphilis may be cured of the disease so completely that it never manifests itself again at any subsequent period of his life, it may nevertheless lurk in his system as a poison sufficiently potent to contaminate his child while still in the womb, and through it its mother also.

13. That the primary, secondary, tertiary, and hereditary forms of syphilis are each contagious; and that infantile syphilis is especially so, the disease in babies at the breast being very contagious indeed.

Adverting to the diffusion of syphilis, we estimated the prostitute population of the United Kingdom at about 46,000; we showed that the great majority of prostitutes abandon prostitution after having practised it a short time; that, in fact, the prostitute population is being constantly and rapidly transformed, nearly the whole of it returning to ordinary life, and being replaced within a period of about seven years. We also showed that, according to the most moderate estimate, not less than ten out of every hundred of these women are affected with syphilis; and after alluding to the fact that many of the men who become infected by these women convey the disease to their own wives, we remarked, that "when the cumulative effects of this process, continued from year to year, are considered, the appalling extent to which society is being saturated by the syphilitic poison may at least be imagined."

Having depicted the nature, and, as far as practicable, the extent, of the physical evils engendered by prostitution, we proceeded in a second article to review the methods of dealing with it adopted by different Governments at different times. We showed that these methods are mainly of three kinds—methods which we called respectively (1) the Policy of Indifference and *Laissez-faire*, (2) the Policy of Repression, and (3) the Policy of Recognition and Freille Regulation.

Of these three methods, the first-named has had, as we showed, and for reasons which we explained, an especially full and fair trial in Great Britain: its disastrous failure is conclusively exhibited in the picture we have presented of the effects of prostitution on the health of the English people generally; and having regard to the English army especially—because in it those effects are measurable, and are actually measured, with considerable accuracy—we may repeat here the authentic fact, that during a single year, namely, that of 1865, just before the first Contagious Diseases Act had come into any considerable operation, when the home army consisted of 73,000 men, and when there were 68,600 admissions to hospital on account of diseases of all kinds, 20,600 of these admissions were on account of venereal disease.

The Policy of Repression and its effects we described at length, and then expressed our conclusion concerning them as follows: "The foregoing review of the several forms of prostitution in Rome demonstrates beyond the possibility of dispute that the experiment of forcibly repressing or prohibiting prostitution, which was tried long and persistently by the Papal Government, is in every respect a complete failure, and thus attests, along with the

\* Evidence of Dr. Barnes, obstetric physician to St. Thomas's Hospital, in Report on the extent of Venereal Diseases, p. 26.

like experiments [formerly] made in Spain, in Austria, in Bavaria, in Paris, in Berlin, and Stockholm, the utter futility of applying the method of treatment hitherto applied, and seemingly dictated, by the principal of Christian purism, as a remedy for the social evil in question, and therefore as a means of preventing or of extirpating the diseases associated with and propagated by it."

The Policy of Recognition and Forcible Regulation, which is the one now most generally practised in the large cities on the Continent of Europe, we described and discussed with especial care, and adduced a great amount of authentic evidence, chiefly statistical, proving, as we believe, that that policy has signally failed to achieve the object of its originators and promoters.

In Paris the system in question has been worked on a larger scale, for a longer period of time, and by the agency of a police organization especially complete, as well as untrammelled by the necessity of respecting those safeguards of personal freedom which Englishmen are supposed to maintain with peculiar obstinacy. For these reasons we considered, and still consider, that the results of the working of the system in Paris afford the most decisive and trustworthy evidence of its value, and hence we explained its procedure in considerable detail, and examined its achievements with especial care. We now present a *résumé*, as brief as possible, of our account of the character, operation, and hygienic effects of that system as exhibited in Paris. But while doing so, we shall also refer to certain facts mentioned in a pamphlet on Prostitution in Paris, and the full title of which is given at the head of the present article. The pamphlet was published immediately after the article of which we are about to give a summary, and contains replies to attacks which were made on the article itself.

A department of the Prefecture of Police called *Le Bureau des Mœurs*, and now presided over by M. Lecour, is occupied in administering the regulations concerning prostitution. This department employs forty policemen and twenty medical men, and has under its control a dispensary adjoining the Prefecture of Police, and an establishment called *La Maison de St. Lazare*, which is at once a house of detention, a house of correction, and a hospital or infirmary for prostitutes. The forty policemen just mentioned are called special inspectors; thirty-five of them are employed in what is designated the service of repression, or the active service, and five are occupied within the dispensary itself. Of the twenty medical men, sixteen, called *titulaires*,\* are paid officers of the department, and four, who are called *suppléants*, receive no remuneration. The chief of the *titulaires*, styled *physician-in-chief*, is intrusted with the direction of the service and correspondence along with the chief of the department and the chief of the division, who represent the Prefect; and it is his duty to examine the clandestine prostitutes who have been arrested and taken to the *dépôt* of the Prefecture of Police. Under him are two deputy physicians-in-chief. Next in rank to these are thirteen physician-inspectors, who are employed in examining the women who go to the dispensary and those living in the *Maisons tolérées* within the walls of Paris.

\* These are designated *physician-inspectors* of the dispensary of public health.

The four *médicins suppléants* are called upon to enter on duty only in the absence of the *titulaires*.\* Such is the machinery of the system. Now, let us see how it works.

All prostitutes that become subject to the police and sanitary regulations, and who have attained the age of sixteen, are registered at the *Bureau des Mœurs*. Those living in houses of prostitution are subjected to medical inspection weekly; those living in furnished lodgings are called upon to present themselves for medical inspection twice a month. Each of the latter is furnished with a card signed and dated by the surgeon each time he inspects her, and having on the back of it a copy of the rules to which she is required to conform. According to these rules, public women living in furnished lodgings must present themselves for medical inspection once at least every fifteen days; they must show their cards whenever requested by police officers and agents; they are forbidden to allure for the purposes of debauchery during daylight and certain hours mentioned; they must be simply and decently clad; ornamental dressing of the hair is forbidden; they are forbidden to address men accompanied by women or children, to exhibit themselves at their windows, to take up a station on the foot-pavement, or to form or walk together in groups, to appear in the neighborhood of churches and chapels, or in certain other parts of the city specially indicated—the Champs Elysées, for example; and they are especially forbidden to frequent public establishments or private houses where clandestine prostitution might be facilitated.

In so far as the prevention of the spread of venereal diseases is concerned, the rule requiring each prostitute to present herself for medical examination at regular intervals is the all-important one: the extent to which it is complied with we shall see presently. The rest of these rules we can dismiss from consideration with only a few words of comment. It will be freely admitted by any one accustomed to pass frequently along the principal streets of Paris, that they are not *obtrusively* paraded by public women, as the streets of London are; but having recognised this fact, we have recognised nearly the whole extent to which the rules in question are enforced: prostitutes do frequent in open day, as well as in the evening, the places which they are ordered to avoid; they do so, however, in a manner rendering it difficult for the police to interfere with them. As Duchatelet says: "If they are forbidden to appear on a part of the Boulevards, or on any other frequented promenade, they are sure to be found there again the next day arm-in-arm with a *marcheuse* (a hired duenna), and making themselves remarkable by their composed and modest exterior." In fact, as we have already shown and abundantly proved, whenever there has been a struggle between the police and the prostitute population of Paris, the latter have always in the long run been the victors. Imagine the police attempting only to enforce the order that these women shall be "simply clad,"

\* The total expense of the "Service des Mœurs" within the jurisdiction of the Prefecture of Police is estimated to be as follows—

Administrative Service, . . .	35,791 francs.
Active Service, . . .	66,080 "
Dispensaire de Salubrité, . . .	35,600 "

137,471 francs.

that they ſhall avoid "ornamental dreſſing of the hair," and that they ſhall not "frequent public entertainments or private houſes where clandestine prostitution might be facilitated!" Every one who knows anything of the matter knows quite well that the order is a dead letter, and that if a police agent were to announce to thoſe whom it concerns that this order is about to be enforced, he would be answered by a ſmile, the ſceptical or defiant ſignificance of which could not be miſunderſtood.

The registration of public women in Paris, which is the indiſpenſable foundation of the whole ſystem of ſurveillance and control, is itſelf a failure. "Keeping within the limits of ſcrupulous moderation," ſays M. Lecour, "we may eſtimate the population of Paris prostitutes, which is being inceſſantly renewed, at 30,000;" and "it muſt be diſtinctly underſtood," he adds, "that theſe figures apply to the women who, on account of their habitual debauchery, are a danger to the public health, rather than to thoſe clandestine prostitutes *en circulation*, and occupying themſelves conſtantly in acts of allurements." Now, notwithſtanding the exiſtence of this enormous crowd of prostitutes in Paris actually dangerous to the public health, and notwithſtanding the fact that the general population of the city is increaſing, ſo impotent is the ſystem of enforced ſanitary ſurveillance, that only about 4000 of theſe women can be got under control. Moreover, year by year the number under control has ſteadily leſſened. During the five years from 1865 to 1870, both inclusive, the number on the register fell as follows: 4225, 4003, 3861, 3769, 3731, 3656. This laſt number represents *leſs than an eighth part* of the population of Paris prostitutes according to the authentic and ſcrupuloſly-moderate eſtimate of M. Lecour! But even the ſmaller number of women nominally on the register can only be kept there a ſhort time: during the ten years from 1845 to 1854, the registered women diſappeared at the rate of 745 a year, the total number on the register being maintained at its actual level partly by the recapture of a portion of thoſe who had eſcaped, and partly by the registration of other women for the firſt time.

The ideal of every administrator of the ſystem in queſtion would only be completely realiſed if all prostitutes were registered, and at the ſame time compelled to reſide in houſes officially recognised as appropriated for the purpoſes of prostitution—"maisons tolérées." It is believed that, if ſuch a ſcheme could be generally carried out, the amount of ſyphilis now prevalent would ſoon be very greatly reduced. Hence enthuſiaſtic advocates and agents of enforced ſanitary ſurveillance have been eſpecially anxious to increaſe the number of *maisons tolérées*, and the number of women inhabiting them. But, deſpite the utmoſt efforts in this direction, the reverse proceſſes have long been going on: as we pointed out, during the period from 1845 to 1867 the number of *maisons tolérées* in Paris and its ſuburbs was gradually reduced from 233 to 165, and during the period from 1857 to 1867 the number of girls living in *maisons tolérées* was reduced from 1976 to 1302!

We now proceed to answer the all-important queſtion, What are the ſanitary reſults of the ſystem under review? During the five years extending from the beginning of 1865 to the end of 1869, the proportion of registered pros-

titutes found affected with ſyphilis was as follows:—

Years.	Number of Registered Prostitutes.	Number found Syphilitic.	Ratio per 1000 of thoſe found Syphilitic.
1865	4225	424	100.355
1866	4003	341	85.161
1867	3861	378	97.902
1868	3769	423	112.231
1869	3731	519	139.118

The amount of ſyphilis in the registered prostitutes of Paris denoted by theſe figures represents the minimum degree to which the diſeaſe among them was reduced during the years in queſtion by the working of the machinery under the direction of the *Bureau des Mœurs*. This minimum is, undoubtedly, a lower one than that preſented by prostitutes of ſocial grades correſponding to thoſe of the registered prostitutes of Paris, but who are ſubject to no ſpecial ſurveillance and compulſory medical treatment; and if in the whole prostitute population of Paris the average amount of ſyphilis could be by the agency of the *Bureau des Mœurs* be reduced to that minimum, we ſhould, *from a ſanitary point of view*, be among the foremoſt to recognise its achievement. Unfortunately, however, the ſanitary benefit conferred on that relatively ſmall ſection of Paris prostitutes who are ſubject to compulſory medical treatment cannot be extended to the whole, although the *Bureau des Mœurs*, being a department of the Prefecture of Police, can command any amount of physical force deemed needful to cope with the evil in queſtion. Unfortunately, alſo, the poſitive benefit, while comparatively ſmall, which is effected is achieved at a coſt ſo ruinous to both the health of the great maſs of prostitutes who are not registered, and to the health of the men who reſort to them, that we wonder the municipality of Paris itſelf has not already brought the operations of the *Bureau des Mœurs* to a cloſe. We proceed to recapitulate the evidence we preſented proving what that coſt is.

After ſtating the numerous and cogent reaſons why women who practice prostitution reſort to every poſſible expedient by which they may avoid being registered as common prostitutes, we ſaid: "Bearing in mind the variety and the cogency of the many motives impelling women to fight for and jealouſly to guard their freedom, and bearing alſo in mind the large array of hiſtorical facts we have paſſed in review proving that under every régime of governmental regulation concerning them they have always done ſo, we can feel no ſurpriſe in learning that *they rather endure all the evils of ſyphilitic contamination*, getting medical help of a queſtionable ſort as they beſt may, than, by applying to the Paris hospitals for relief, reveal at once their actual condition and poſition." In fact, the dread of becoming registered operates on all women who practice prostitution, except that ſmall minority of them who are ſo utterly depraved and hardened in vice as to be hopeleſſly ir retrievable, as a contrivance expreſſly deſigned to foſter the development and ſpread of ſyphilis under conditions ſhielding it effectually from obſervation and

the possibility of medical treatment.\* To expect any other result is, in fact, to expect that special causes, known by long experience to produce invariably special consequences, will miraculously cease to do so; but indeed no such miracle is observable. What the actual consequences of the operation of the *Bureau des Mœurs* are, the following facts show:—

Years.	Number of Unregistered Prostitutes arrested.	Number found Syphilitic.	Ratio per 1000 of those found Syphilitic.
1865	2255	468	207.538
1866	1988	432	217.304
1867	2018	557	276.015
1868	2077	651	313.433
1869	1990	840	422.613

It appears from this table that during the five years to which it refers the average number of clandestine prostitutes arrested each year was 2065: that the average number found syphilitic each year was 589 or 287.397 per 1000; and that the proportion of those found diseased increased steadily, and so rapidly that during the five years in question it actually doubled. Referring to the statement previously given of the proportion of *registered* prostitutes found syphilitic, the reader will observe that the year 1866 was an exceptionally favorable one; but that, from that year, there was during the period under review a steady and considerable increase in the proportion of registered prostitutes found syphilitic, an increase in striking correspondence with that which occurred among clandestine prostitutes during the same period.

\* It is not long since a case occurred at Aldershot, in which the dread of registration and its consequences caused a woman to commit suicide in order to escape them; and on May 24, 1876, the following narrative, which we have translated, was published in *Le Temps*:—"A suicide has happened at Dijon under circumstances thus recounted by the *Progrès de la Côte d'Or*: 'Last Wednesday, a young girl, twenty years old, threw herself into the canal, and a note communicated to the local press ascribes the suicide to a great fright. These are the facts of the case: The young girl in question having been found during the twilight of the previous evening talking, while on a bench of a public promenade, with a young man of her own age, was conducted, along with him, in spite of their protestations, to the police-office by a *sous-brigadier* and another agent. The Commissioner on duty, finding nothing in the report of the *sous-brigadier* which justified this double arrest, ordered both the young man and the young woman to be immediately set at liberty. But before their departure, the *sous-brigadier*, instead of expressing his regret for his mistake, took the name and residence of the young girl, and had the impudence to say, "If the result of the inquiries is not satisfactory, she will be prosecuted." Maddened by the idea of the dishonor with which she was threatened, the unfortunate girl, suddenly leaving her workshop the next morning, threw herself into the canal.' The *Progrès de la Côte d'Or* adds that the *sous-brigadier* has, in compliance with the request of the Mayor, been dismissed from his post."

It is of course to be expected that the amount of syphilis shown by the above-mentioned statistical facts to prevail among Paris prostitutes, and to be increasingly prevalent, will give evidence of its existence and baneful effects, not merely in the private practice of physicians, but in the special and general hospitals of Paris. Here is the evidence in the statistical language of the latter. The number of venereal patients treated in these institutions during 1867 and 1868 respectively was as follows—

	1867	1868
Infirmery of St. Lazare,	1357	1694
Lourelaine Hospital (women),	1039	1024
Midi " (men),	3226	3185
Ordinary hospitals,	1403	1551
	7016	7454
Military hospitals,		1907
		9361

M. Lecour points out that a portion of the soldiers (435) treated for venereal diseases in 1868 at the military hospital of the *chef-lieu* of the department of the Seine-et-Oise ought to be placed to the account of Paris, and thus we reach a total of about 9500 patients treated annually for venereal diseases of so grave a character as to render it necessary that each sufferer should be admitted into a hospital.

"Without fearing to be taxed with exaggeration," says M. Lecour, "we may consider this number as representing the fifth part of the total number of venereal patients in Paris who are treated at home by medical men, or who apply for relief to druggists and quacks. We thus reach the number 47,500, which, though formidable, is probably below the truth."

Having shown how large is the number of venereal patients treated in the various hospitals of Paris, we have only to add, that at the time we wrote the article of which we are giving a summary there were about 812 beds especially set apart for the reception of venereal patients, and that about 200 of the beds in the ordinary Paris hospitals are also constantly occupied by patients of the same class. Moreover, it must be borne in mind that even this large number does not include the beds in the military hospitals occupied by venereal patients who belong to the Paris garrison, and for whose treatment probably about 250 beds are in constant requisition.

Let us now sum up the facts just described. It appears, then, that notwithstanding the elaborate, costly, and—in respect to the women concerned—tyrannical machinery of police and sanitary surveillance in question, machinery which is worked by ample power, and under circumstances, as well as in presence of a public opinion, facilitating its action, the attempt to enforce the registration of the public women of Paris results, in so far as seven-eighths of them are concerned, in signal failure; that year by year even the small number of those who are on the register steadily lessens; that the number of *maisons tolérées* in Paris and its suburbs is steadily lessening; that the number of those women who are subject to the most complete inspection, viz., the inmates of those houses, is steadily lessening; that the proportion of *registered* prostitutes found infected with syphilis is steadily increasing; that the futile attempt to compel prostitutes generally to submit to registration constrains at least seven-eighths

of them to practice their profession secretly, and thus discourages those who become infected with syphilis from seeking prompt medical relief; that, therefore, of those clandestine prostitutes who are arrested and examined, the proportion found syphilitic is enormous, has rapidly increased, has, in fact, doubled in five years, and in 1869 had risen to 422-613 per 1000 (!); that in 1868 the civil hospitals of Paris received for treatment 7454 venereal patients, or 438 more than during the previous year; that these, added to the soldiers of the Paris garrison also treated in hospital for venereal diseases, make a total of at least 9500, for whose treatment about 1250 hospital beds are in continuous requisition; and, finally, that the person best qualified to form a trustworthy opinion on the subject considers that the 9500 patients in question represent only a fifth part of the total number of persons in Paris who each year apply for medical relief in consequence of suffering from the diseases in question. At least 47,500 victims of venereal disease in Paris each year constitute the actual result of, and the instructive practical comment on, the working of the *Bureau des Mœurs*!

In order that our readers may be fully assured that the facts referred to in the foregoing summary are accepted by M. Lecour himself as evidences that the system of which he is the chief administrator is capable of coping with the evil in question, and that he himself is appalled by the enormous magnitude it has assumed, and by its still continuous increase, we quote his own *résumé* of the facts presented by himself in 1870. He says—

"Each category of these figures has undergone a considerable change of either decrease or increase, a change the significance of which is indubitable (*absolue*), and which, for a period of fifteen years, denotes the following results—

"1. Diminution of entries on the prostitution register; in 1855 they rose to 611, in 1869 they amounted to only 370.

"2. Diminution of the number of *maisons de tolérance*; in 1855 there were 204, in 1869 there were only 152.

"3. Diminution of the number of girls in these houses; from 1855 to 1869 the average number was 1935, in 1869 the number had fallen to 1206.

"4. Increase of the number of girls living in private lodgings (*isolées*); there were 2429 in 1855, but in 1869 there were 2525.

"5. Considerable increase of the number of clandestine prostitutes (*insoumises*); this point cannot be contested.

"6. Confirmation of the fact that a large proportion of the clandestine prostitutes are suffering from syphilis or other contagious affections: the sanitary statistics prove that of these prostitutes 1 in 2-36 is syphilitic.

"All these results are inter-dependent or bound up with each other (*solidaires*). They demonstrate that prostitution augments, and that it becomes more dangerous to the public health.

"Are the efforts of the police in this matter relaxed? No, but the performance of their duties has become more difficult. All the details which I have given prove that the police have vigorously organised their means of supervision, of sanitary control, and of repression: in 1855 the number of arrests of clandestine prostitutes was only 1323, but in 1869 the number was 1999."

After adducing further evidence of the resolute activity of the police, M. Lecour continues—

"These figures are conclusive. It remains then established that the administration has redoubled its activity, that it has multiplied its acts of repression in respect to prostitutes, and that it has in fact succeeded in maintaining in satisfactory conditions the sanitary state of *registered* prostitutes.

"But, on the other hand, we see a continuous diminution of the number of these registered prostitutes, the total number of whom in 1855 was 4257, whereas in 1869 it had fallen to 3731, and on January 1, 1870, was only 3566.

"This fact is the more important because it corresponds to a notable augmentation of clandestine prostitution.

"Here is a social evil which must be thoroughly recognised, and which no measures resorted to by the police can alone suffice to destroy.

"The world of prostitution—both establishments and personal—is undergoing a transformation. The number of *maisons de tolérance* lessens; it will always go on lessening. As speculative enterprises these houses offer scarcely any advantages now, and they would disappear if they were not resorted to by travellers, soldiers, and workmen. It would be a grave error to suppose that on behalf of public morality this fact constitutes a reason for rejoicing, for it is due only to a simple change of form. Nowadays men search for adventure at the great risk of their health, and in many cases of their tranquility. It is a question of vanity and luxury on an immoral, unwholesome ground. Instead of the transient contact which, in the *maison tolérée* or in the apartment of the *fille isolée*, is only a kind of material contamination, the danger of which the administration strives to reduce, a chance meeting is preferred, where it is imagined possible to play a better rôle at a slight expense; and thus men throw themselves into the arms, always stretched out, of clandestine prostitution, which diffuses the syphilitic poison.

"The *maisons de tolérance* vanish, but it is only to reappear in forms which augment the risks to health without being less scandalous at the same time. If the police, always on the watch, opposed no obstacle, we should see these places of debauchery reappear and multiply in the guise of perfumery, drapery, or glove businesses, as they formerly abounded. Nothing can be more dangerous, from every point of view, than these prostitution establishments in disguise. They induce a moral decline which, without their special facility, would not occur, and they constitute real snares for young girls who, as work-girls or otherwise, seek employ, and who soon prostitute themselves without their families being aware of it.

"In the actual state of things voluntary registration becomes more rare, and, which is serious, an opinionated resistance to it which was not seen formerly is being produced. Girls dismissed from the *maisons tolérées* when these are closed, or who leave these houses voluntarily, precipitate themselves into the category of *filles isolées*, who, in their turn, resort to every possible expedient in order to withdraw themselves from the action of the police, and to swell the crowd of clandestine prostitutes (*insoumises*).

"I have already spoken of the latter. I have adverted to their number always increasing, to their audacity, and to the danger attending them. It is in this continual augmentation that the administration concerned with the police and the medical supervision of prostitutes finds the difficulties of the present situation."

\* "La Prostitution à Paris et à Londres, 1789-1871." Par C. J. Lecour. Deuxième édition. Paris: 1872. Pp. 253-257.

It thus appears that while, according to the high authority of M. Le Fort,\* Paris has become "the brothel of Europe," it has become at the same time (according to M. Lecour, than whose authority none can be higher) an extremely dangerous one too.

Referring to Lyons, Marseilles, Bordeaux, Brest, Nantes, Strasbourg, Berlin, Hamburg, Rotterdam, The Hague, Brussels, and Naples, we showed that the statistics of each of those places, where also systems of surveillance framed, substantially, on the Paris model are energetically applied, prove conclusively that those systems, essentially similar to each other in principle and in practice, produce results presenting a striking likeness to those which we have described as consequences of the régime administered in Paris by the *Bureau des Mœurs*.

Finally, we stated that when, in 1866, the number present of the French army of the interior was 229,761, the number of admissions of French soldiers to hospital on account of venereal disease was 26,082, which is at the rate of 113·5 per 1000, in spite of the fact that at the same time the "Police Médicale" was in full force in France.

Since the publication in 1872 of the second edition of M. Lecour's work entitled "La Prostitution à Paris et à Londres, 1789-1871," attention has been increasingly directed to the fact, now thoroughly established, that the operations of the Paris *Bureau des Mœurs*, have resulted in deplorable failure. The opinion of most Frenchmen who consider the subject is that the system for the working of which the *Bureau* was established is essentially a sound one, and that its failure is due to the fact, that it has not been administered with adequate rigour or on a sufficiently extensive scale. Dr. Jeannel, in his work "De la Prostitution dans les Grandes Villes," published in 1874, is a distinguished exponent of this opinion. He asserts that the increase in the number of unregistered prostitutes in Paris is simply due to the enfeeblement of public authority and the relaxation of repressive vigour, which permit clandestine prostitution to feel itself protected by the police. M. Lecour indignantly rebuts this charge, and maintains that, within the domain of surveillance and repression of prostitution, the Prefecture of Police has evinced ample activity and energy. Whether the criticisms freely pronounced from time to time on the administration of the *Bureau des Mœurs* has in any degree stimulated its operations, we are unable to say, but certainly it has manifested a considerable increase of repressive vigor during the last four years. In the history we have already given of the operations of the *Bureau*, and of the sanitary condition of the prostitute population of Paris, we have restricted our view to the five years ending with 1869; and we now proceed to supplement that information by giving a similar history referring to the five years ending with 1875. An important part of that history is concisely summarised in the table in the succeeding column, which we have constructed from data most obligingly supplied to us by M. Lecour.

The increase in the activity of the *Bureau des Mœurs* during the five years referred to in this table, is strikingly shown by it in several respects. The number of arrests of registered women for infringements of the regulations,

and of unregistered women for practising prostitution clandestinely, has increased enormously. During the five years ending with 1869 the average yearly number of arrests of

TABULAR SUMMARY OF THE HISTORY OF PROSTITUTION IN PARIS DURING THE FIVE YEARS 1871-1875.

Years.	
1871	3,339
1872	3,675
1873	4,242
1874	4,603
1875	4,564
Number of Registered Prostitutes.	
1871	127
1872	142
1873	138
1874	136
1875	134
Number of Brothels.	
1871	715
1872	1,092
1873	1,031
1874	1,113
1875	1,152
Number of Prostitutes living in Brothels.	
1871	2,644
1872	2,583
1873	3,116
1874	3,460
1875	3,412
Number of Registered Prostitutes living in Private Lodgings.	
1871	3,072*
1872	2,635*
1873	3,769
1874	3,319
1875	3,338
Number of Arrests of Registered Prostitutes.	
1871	3,072*
1872	2,583
1873	3,116
1874	3,460
1875	3,412
Number of Arrests of Clandestine Prostitutes.	
1871	2,635*
1872	2,583
1873	3,116
1874	3,460
1875	3,412
Number of Medical Examinations of Registered Prostitutes.	
1871	36,225
1872	36,225
1873	94,033
1874	105,309
1875	113,319
In Brothels.	
1871	219
1872	505
1873	580
1874	354
1875	406
In Private Lodgings.	
1871	202
1872	291
1873	383
1874	430
1875	311
Total Number of Prostitutes found Syphilitic.	
1871	421
1872	796
1873	963
1874	784
1875	717
Number of Registered Prostitutes found affected with Ulcerations, Catarrhs, &c.	
1871	315
1872	804
1873	917
1874	976
1875	983
Number of Medical Examinations of Clandestine Prostitutes.	
1871	2,636
1872	3,769
1873	3,319
1874	3,338
1875	3,152
Number of Clandestine Prostitutes found Syphilitic.	
1871	479
1872	669
1873	529
1874	480
1875	327
Number of Clandestine Prostitutes found affected with Ulcerations, Catarrhs, &c.	
1871	550
1872	743
1873	682
1874	627
1875	592
Registered.	
1871	125,333
1872	216,598
1873	227,015
1874	170,311
1875	157,099
Clandestine.	
1871	163,202
1872	177,500
1873	159,385
1874	143,298
1875	108,740

\* These arrests were made during the period from 31 June 1871 to 1st January 1872.

† This was the number on the Register on 1st January 1872.

registered prostitutes was 4451, but during the five years ending with 1875 the average yearly number of arrests was 8310, and in 1874 and

\* Medical Times and Gazette, January 8, 1870.

1875 the number of arrests was 10,454 and 11,333 respectively! It thus appears that even during the first of these periods the average annual number of arrests exceeded the average number on the register each year, and that during the second of these periods the average annual number of arrests was actually more than double the average number of prostitutes on the register each year.

Again, the average number of *clandestine* prostitutes arrested yearly during the first of the two periods in question was 2067, whereas during the second period the corresponding number had risen to 3305, and during 1875 the total number of arrests of registered and of un-registered prostitutes amounted to the enormous number of 14,515!

These facts, recorded in the table just given, constitute a striking proof that the struggle which has long been carried on between the *Bureau des Mœurs* and Paris prostitutes has at length become a struggle *à l'outrance*, and that even the immense effort made by the *Bureau* during the last five years has resulted in a defeat as signal as that which, as we have shown, distinguished the period of five years ending with 1869. Notwithstanding the vast number of arrests during the second of these periods, the *average* annual number of prostitutes on the register was actually 363 *less* than it was during the first of these periods. During the first period it was 4451, but during the second it was 4088. The average annual number of brothels, as well as the number of prostitutes living in them, which the Prefecture and all French would-be reformers are anxious to increase, was during the first period 162, but during the second period it had fallen to 135. During the period from 1855 to 1869, the number of prostitutes living in brothels fell from 1852 to 1206, but the average annual number living in brothels during the last five years was only 1026. On the other hand, the proportion of registered prostitutes living in private lodgings has considerably increased; and as such women are regarded, and justly so, as being in a state of transition towards seclusion from the police and the practice of their profession secretly, an increase of this class at the expense of the class living in brothels is, *pro tanto*, a victory over the *Bureau des Mœurs*.

We now proceed to examine the sanitary results exhibited by the foregoing table. We have already stated that during the period ending with 1869, the average number of arrests of clandestine prostitutes yearly was 2067, and

that during the period referred to in the table the average number of arrests yearly had risen to 3305. Now it is evident that the greater the number of clandestine prostitutes arrested within a given time, the higher will be their *average* social grade and condition, and the less, therefore, the proportionate amount of venereal diseases with which they are infected. The truth of this view is strongly confirmed by the experience of the *Bureau des Mœurs*, denoted by the statistics under consideration: during the period when, on an average, there were 2067 arrests of clandestine prostitutes yearly, they were found to be affected with syphilis in the ratio of 287·380 per 1000, but during the period when the average number of arrests had risen to 3305, the ratio per 1000 of those found infected with syphilis fell to 149·425.

The registered prostitutes are found, on the other hand, to be affected with syphilis to a degree proving that in them the disease has become much more prevalent during the last than it was during the previous five years. This result is in striking accord with certain views on this subject expressed in a subsequent part of this paper. As we have already stated; the average annual number of prostitutes on the register during the five years ending with 1875 was only 363 less than the corresponding number during the five years ending with 1869, but whereas during the first period the average ratio per 1000 of those found syphilitic was 106·953, during the second period the average ratio per 1000 had reached 179·271. Moreover, the reader will perceive, by glancing at the table, that though the number of registered prostitutes living in private lodgings is equal to about three-fourths of all who are registered, only about four-ninths of all registered prostitutes found syphilitic belong to that class; so that in fact those prostitutes of the class to which all or nearly all Continental advocates of the system of compulsory medication would fain reduce all prostitutes, viz., the class resident in brothels, are precisely those whom experience proves to be most dangerously syphilitic, and among whom the proportion found syphilitic is rapidly increasing! During the five years just past, about two-fifths, 40 per cent., or to speak quite accurately, 402 per 1000, of these women were found to be diseased. We beg our readers to bear in mind that these are the women on whom the *Bureau des Mœurs* bestows its most especial care, who are medically introspected every week, who are sent to hospital immediately they are found diseased, and

Period.	Average Annual Number of Arrests of		Average Annual Number of Prostitutes on the Register.	Average Annual Number of Medico Introspective Examinations of Registered Prostitutes.	Ratio per 1000 of Registered Prostitutes found affected with		Ratio per 1000 of Clandestine Prostitutes found affected with	
	Registered Prostitutes.	Clandestine Prostitutes.			Syphilis.	Ulcerations, Carriars, &c.	Syphilis.	Ulcerations, Carriars, &c.
During the five years ending with 1869.....	4,451	2,067	3,918	121,089	106·953	43·392	287·379	82·616
During the five years ending with 1875.....	8,310	3,305	4,088	93,181	179·271	195·421	149·425	193·968

who, in fact, most nearly realise the ideal formed by French hygienists of what the general mode of life, police management, and medical treatment of prostitutes ought to be!

In concluding our analysis of the table under review, we must observe that the amount of blenorrhagia, and of other contagious but non-syphilitic diseases, from which both registered and clandestine prostitutes were found to be suffering, was, according to the statistical returns, so much greater during the period to which the table refers than it was during the five years ending with 1869, that we are at a loss to account wholly for the greatness of the difference. During the five years last mentioned the average proportion of registered prostitutes affected with the diseases in question was 43.392 per 1000, and the average proportion of clandestine prostitutes thus affected was 82.616 per 1000; but during the five years ending with 1875, the proportion of both registered and clandestine prostitutes affected in the same manner had increased to an extraordinary extent,—the former to 195.421, and the latter to 193.968 per 1000. The prevalence of these maladies is wonderfully different in different years: for example, during the five years ending with 1864, the average proportion of registered prostitutes found affected with them was 55 per 1000, and during the two years 1855–56 it was 90 per 1000. Perhaps, also, owing to the increasing critical watchfulness of French hygienists over the administration of the *Bureau des Mœurs*, during the period of five years

ending with 1875, the medical examinations as well as the operations of the police, were more thorough and searching than they were during the previous period.

The summary comparison on page 8 of the two periods of five years, the one ending with 1869 and the other ending with 1875, shows conclusively that, though the efforts of the *Bureau des Mœurs* have during the last five years been unprecedentedly great, venereal disease, and notably the most baneful form of it—viz., syphilis—has become increasingly prevalent.

We have already stated, that whereas the number of prostitutes treated for venereal diseases in the infirmary of St. Lazare in 1867 was 1357, the number rose in 1868 to 1694; and the evidence presented above respecting the amount of syphilis and other forms of venereal disease prevailing among Paris prostitutes during the last five years justifies the conclusion that the number of patients treated in that infirmary has increased still further during the period in question. M. Lecour has kindly undertaken to supply us with precise statistical information on this point, but unfortunately it could not be prepared in time to be published in this article.

The amount of venereal disease affecting that part of the Paris population which is recipient of medical charity not only continues very great, but, as by the foregoing evidence our readers are prepared to expect, is increasing. This is shown by the following table:—

NUMBER OF VENEREAL AFFECTIONS treated from January 1st, 1869, to December 31st, 1875, in the establishments under the General Administration of Public Assistance in Paris.\*

NAME OF ESTABLISHMENT.	YEARS.									
	1867	1868	1869	1870	1871	1872	1873	1874	1875	
Hôtel Dieu .....	134	136	104	70	73	111	121	99	74	
Pitié .....	114	90	161	190	214	123	140	105	125	
Charité .....	152	138	54	46	41	40	54	38	35	
St. Antoine .....	94	141	151	134	182	177	154	159	142	
Necker .....	21	50	51	24	23	33	30	25	47	
Cochin .....	5	6	13	17	20	47	41	18	21	
Beaujon .....	98	95	64	44	72	83	83	67	49	
Laribosière .....	89	105	55	77	71	107	78	73	52	
St. Louis .....	562	676	785	648	529	790	822	701	757	
Enfants Malades .....	3	4	.....	.....	.....	.....	.....	.....	.....	
St. Eugénie .....	7	6	.....	.....	.....	.....	.....	.....	.....	
Maison d'Accouchement .....	.....	3	.....	.....	.....	.....	.....	.....	.....	
Cliniques .....	10	12	55	34	48	53	52	22	35	
Maison de Santé .....	731	68	198	191	134	225	182	151	223	
Midi .....	3226	3185	3759	3499	1980	3648	3808	3774	4014	
Lourelle .....	1030	1024	1583	1406	1341	1461	1384	1252	962	
Enfants Assistés .....	41	21	24	22	12	26	33	20	32	
	6359	5760	7057	6402	4740	6924	6982	6504	6568	

It will be observed that the period comprised by this table extends over nine years. Now, if this period be divided into two, of four years and a half each, it will be found that 27,948 patients were treated during the first, and 29,348 during the second of these periods.

We have not informed ourselves what is the average annual number of venereal patients treated during the last five years in the differ-

ent military hospitals appropriated for the reception of soldiers belonging to the special

\* We beg to tender our cordial thanks to the Chief of the Statistical Department of the Administration for his great kindness in causing the returns for the last seven years referred to in this table to be prepared, at the cost of great labour, expressly for our use.

corps garrisoning Paris and Versailles; but we are enabled to state that of the *effective* strength of those corps, 109 per 1000 are affected with venereal diseases; and, of course, the proportion thus affected per 1000 of men *present* is greater. Now if we compare this ratio with the average ratio of venereal disease in the whole French army, even inclusive of that part of it which is in Algeria (and in which venereal disease prevails to the extent of about 198 per 1000), we find that it is 6 per 1000 higher than is that ratio. The following table, which shows the amount of venereal diseases in the French army as a whole, justifies the conclusion that their prevalence in Paris, where the compulsory medication of prostitutes is rigorously enforced, is exceptionally great:—

YEARS.	Number of Venereal Patients.	Number of Venereal Patients in Hospital.	Proportion per 1000 of Venereal Cases to all other Cases in Hospital.	Proportion of Venereal Patients in 1000 Men present.	Proportion per 1000 of Venereal Cases in Hospital to all other Venereal Cases.
1867	40,584	21,158	179	106	57
1868	51,753	25,600	181	106	64
1869	43,125	20,904	173	106	60
1872	43,050	15,788	145	103	53
1873	38,837	no information	120	103	44
1874	38,837	"	120	103	45

Considering the significance of the several groups of facts we have now presented, we can feel no surprise in observing that M. Lecour, who takes a comprehensive and dispassionate view of them, and whose intimate acquaintance with them exceeds that of any other of his countrymen, expresses himself concerning them as follows:—

“Whence comes this recrudescence of public debauchery and of the venereal contagion? To what is it attributable? How can it be effectually repressed or remedied? In spite of political preoccupations these questions press themselves on public attention. In the present state of things everything written concerning prostitution derives from existing circumstances an exceptional importance. The time has come when the question must be seriously examined, when sagacious observations and sound criticism may prove useful, when it will not suffice to judge hastily and with summary severity of administrative action, and when it is necessary to take into account—however inconvenient doing so may prove to the mere theorist in his study—the exigencies of fact and stern necessities of practice. . . . In presence of these statistics, proving so conclusively the progressive and considerable augmentation of clandestine prostitution, I persist in the opinion which I expressed in 1876. I said then, and I say again now: This state of things reveals the existence of a social malady which no mere police measures are able to cope with and destroy.”

In fact, M. Lecour evidently despairs of the present, and places his hope only in the future. Here is the concluding sentence of his instructive and important *brochure*, written in 1874:—

“We must cherish the hope that the rising generation will be better protected by religious education, by the law, by instruction, and by domestic solicitude and authority; from the seductions which present themselves everywhere—in the street, in the workshop, in the drawing-room, in books, and at the theatre, and which still intensify their manifestations in every form of that luxury of show and tinsel which characterizes our age, and which the mourning over our national trials has not made us abandon.”

The English Contagious Diseases Acts are, in respect to their object, principle, and working, essentially similar to the system of police and sanitary control of prostitutes which is now in force in Paris, and which, with various modifications in detail, is applied in almost every large centre of population on the Continent. The cardinal principle of those Acts, and of the system in operation in Continental cities, is compulsory registration as common prostitutes of women proved to be practising prostitution, enforced surgical, including instrumental, examination of them at regular intervals, and compulsory detention in hospital of such of them as are found diseased.

In April 1870 we laid before our readers a complete analysis of those Acts, and expressed the opinion that the official statistical records of experience of the compulsory system as administered in various cities on the Continent supplies trustworthy data by means of which it is possible to predict what ultimately will be the social and sanitary effects of the Contagious Diseases Acts now operative in the United Kingdom. And, accordingly, by means of the argument from analogy, we demonstrated that though the effect of their direct action may be a diminution of venereal diseases in the women immediately subject to the Acts, they will indirectly produce an increase of those diseases in the community as a whole; that simultaneously its moral tone and social life will become greatly deteriorated; and that even the diminution of the amount of venereal disease in the army which took place at certain stations already subjected to the Acts when we wrote in 1869-70, and which was alleged to have been effected by their agency, was in reality due, either wholly or mainly, to pre-existing influences. Attention was especially directed to this fact in a letter, signed “Justina,” published in the *Pall Mall Gazette*, March 3, 1870. The evidence adduced in that letter was, in respect to the question at issue, so strikingly confirmatory of our argument, that we gladly availed ourselves of it. At that time official statistics were obtainable respecting the working of the Contagious Diseases Acts at only five stations. Referring to the indications of these statistics, Justina observed—

“The average ratio per 1000 of admission [of soldiers] to hospital at all the [five] stations was reduced to 266·20, or 24·60 per 1000 less than in 1866, and 28 per 1000 less than the average ratio per 1000 of admission during the two years of 1865-66, before the Act was in force. In other words, about one-eleventh part of the total amount of disease previously existing seems to have been subdued by the operation of the Contagious Diseases Act. We say *seems* to have been subdued; for the fact is, venereal diseases were actually lessening at the stations in question before the Act came into force. The average ratio per 1000 of admissions into hospital during each year from 1860 to 1865 inclusive is as follows:—

Years. 1860 1861 1862 1863 1864 1865  
Ratio. 42.20 408.00 361.40 393.40 250 237.40

"It will be observed that in 1862 the ratio per 1000 of admissions to hospital was 37.20 less than it was in 1861, and that this diminution is 13 per 1000 greater than was the diminution in 1868 under the operation of the Contagious Diseases Act as compared with the ratio per 1000 of admissions in 1866, the year before the first compulsory Act came into force. It is thus evident that the statistics relied upon by the advocates of the Contagious Diseases Act are worthless as an argument in its favour, and that had the diminution in 1868 been even greater than it is, experience would justify the ascription of it to causes quite independent of the operation of that Act."

The point of view from which Justina considered the subject, and the opinion she expressed in the passage just quoted, seemed to us in 1870, and seems to us still, strictly correct. Therefore, in the examination we are now about to enter on of the sanitary effects said to have been produced in the British army by the Contagious Diseases Acts since they have been applied to all the stations now subject to them, we shall adopt the method she made use of. But before testing the value of the Acts in so far as the army is concerned by that method, let us see what in the opinion of their advocates is the amount of benefit which the Acts have conferred.

On the occasion of the last debate in the House of Commons on the Contagious Diseases Acts, the Government, represented by Mr. Hardy, endeavoured to justify itself in opposing the motion for the repeal of the Acts by presenting a comparative statement of the ratios of admission of soldiers to hospital on account of venereal diseases at two groups of stations—the one group comprising the fourteen stations under the Acts, and the other group comprising fourteen stations not under the Acts. The two groups contain all the stations in the United Kingdom at which the force is 500 men and upwards. Moreover, the War Office has supplied detailed information of the ratios of admissions to hospital of soldiers on account of venereal disease at each separate station under the Acts and each separate station not under the Acts. These statements comprise separate statistical reports concerning the prevalence of two distinct classes of the diseases in question—designated respectively "primary venereal sore" and "gonorrhoea." We shall advert to the former first.

According to the comparative statement just referred to, the average annual ratio of admissions to hospital on account of primary venereal sores has been considerably less at the stations under the Acts than at the stations not under the Acts. As is well known, the Act of 1864 was a merely tentative Act: it lacked that element of compulsion possessed by the Act of 1866, and its influence for either good or evil was slight. But whatever its influence might have been, if it had been extensively applied, the main fact which concerns us here is that that Act was applied to only three out of the fourteen stations in 1865, and that the Act of 1866, which superseded it, was applied to only four stations in that year, and only to them in the latter quarter of it.—viz., to two of them in October, and to the other two in November. Moreover, the Act of 1866 was in operation at only five stations in 1867, at only eight stations

in 1868; and, together with the supplementary Act of 1869, it only came into operation at all the fourteen stations in 1870. Therefore if we desire to arrange into groups the years to which the last published Government statistics refer in such manner as to afford as the most accurate information they can yield (so long as we confine ourselves to considering the ratio of admissions at the fourteen stations as a whole), we ought to class the ratios into three groups as follows:—

*1st Group.*—Comprising the years from 1860 to 1868, both inclusive, before any Contagious Diseases Act can be fairly said to have been in operation, and during which the average ratio of admissions to hospital on account of primary venereal sores was 113.7.

*2d Group.*—Comprising the years from 1867 to 1870, both inclusive, in the course of which the Acts were applied to a considerable proportion of the fourteen stations, and during which the average ratio of admissions to hospital was 73.5.

*3d Group.*—Comprising the years from 1871 to 1873, both inclusive, during which the Acts were operative at all the fourteen stations; the average ratio of admissions to hospital meanwhile being 52.

Now the average ratio of admissions to hospital at the fourteen stations never under the Acts during each of the three periods just mentioned was, respectively 107.4, 114.7, and 106. It appears, therefore, that though during the *first period* after the Acts came into operation the average annual ratio of admission was 6.3 greater at the stations under the Acts than it was at the stations not under the Acts, during the *second period* that ratio was 41.2, and during the *third period* 54, less at the stations under the Acts than it was at the stations not under the Acts.

It certainly cannot be denied that the results of this comparison appear strongly in favour of the operation of the Acts, so far, at least, as primary venereal sores are concerned. But the question arises, Are these two sets of stations—fourteen in each—fairly comparable with each other. The Director-General, whose name is affixed to the Parliamentary return which we have made use of, thinks they are; but we think that a careful examination of the facts in question does not justify this opinion. The general character of the group of stations not under the Acts differs considerably from that of the groups subject to the Acts: the former comprises several great centres of population, viz., Preston, Sheffield, Manchester, Edinburgh, Belfast, Dublin, and the great Metropolis itself, with its four millions of inhabitants; whereas several stations under the Acts are little more than large military camps—Aldershot, Shorncliffe, and the Curragh, for example—and most of the others are comparatively small quiet towns, such as Winchester, Canterbury, Colchester, Maidstone, and Dover, in which the conditions and surroundings differ greatly from those of the chief stations not under the Acts. Indeed, as remarked by Dr. Nevins, "Previously to the passing of the Acts the stations of one set differed so widely in their character from those of the other in matters relating to health, that in the Army Medical Reports before the Acts were passed Dr. Ballfour placed London and Windsor and Dublin in so many separate columns for the general health returns, because they could not be classed together, or associated with any other set of stations. He also

classed Sheffield and other towns as 'large manufacturing towns,' having their special features, while some towns were classed as 'arsenals,' others as 'dockyards,' others again as 'camps,' and so on, showing clearly that before the Acts were thought of there were such differences among these several sets of towns as to prevent their being associated as resembling each other." In fact, the more the subject is studied from this point of view, the more clearly does it appear that not only does the hygienic character of the one group of stations differ widely from that of the other, but that each separate station possesses peculiar hygienic features; so that comparing even only one station with another, and noting the difference between the two in respect to the ratio of admissions to hospital for venereal diseases, we could

not ascribe that difference with any justifiable confidence to any special and exclusive cause, until all the peculiar influences, sanitary and insanitary, of each of the two places had become thoroughly known to us.

From 1860 to 1865, at the stations never under the Acts, there was a fall in the ratio of admissions to hospital for primary venereal sores from 131 to 101, or 24 per cent.; and during the same period, at the stations which were afterwards subjected to the Acts, there was a fall in the ratio of admissions on account of the same disorder from 146 to 95, or 35 per cent. These facts, together with the considerations adduced in the preceding paragraphs, show conclusively, as it seems to us, that the only method by which we can arrive at a just appreciation of the hygienic effects of the Contagious Diseases

### RATIOS OF ADMISSIONS TO HOSPITAL FOR PRIMARY VENEREAL SORES.

Name of Station.	Fall in 6 years before the Acts were applied.	Fall in 6 years after the Acts were applied.
Chatham and Sheerness . . . . .	From 106 to 83, or 21 per cent.	From 83 to 49, or 40 per cent.
Aldershot, . . . . .	" 128 " 81, " 35 "	" 81 " 62, " 23 "
Portsmouth, . . . . .	" 188 " 100, " 47 "	" 100 " 40, " 60 "
Devonport and Plymouth, . . . . .	" 159 " 82, " 42 "	" 82 " 59, " 28 "
Woolwich, . . . . .	" 186 " 89, " 52 "	" 89 " 60, " 32 "
	Average fall = 39.4 "	Average fall = 36.6 "
Name of Station.	Fall in 5 years before the Acts were applied.	Fall in 5 years after the Acts were applied.
Cork, . . . . .	From 109 to 72, or 33 per cent.	From 72 to 62, or 13 per cent.
Shorncliffe, . . . . .	" 65 " 42, " 35 "	" 42 " 33, " 21 "
	Average fall = 34 "	Average fall = 17 "
Name of Station.	Fall in 3 years before the Acts were applied.	Fall in 3 years after the Acts were applied.
Canterbury, . . . . .	From 117 to 45, or 61 per cent.	From 45 to 43, or 4 per cent.
Maidstone, . . . . .	" 139 " 128, " 8 "	" 128 " 57, " 55 "
Dover, . . . . .	" 90 " 80, " 11 "	" 80 " 47, " 41 "
	Average fall = 26.6 "	Average fall = 33.3 "
Name of Station.	Rise in 4 years before the Acts were applied.	Fall in 4 years after the Acts were applied.
Colchester,	From 108 to 182, or 35 per cent.	From 182 to 55, or 69 per cent.
Name of Station.	Rise in 3 years before the Acts were applied.	Fall in 3 years after the Acts were applied.
The Curragh, . . . . .	From 77 to 88, or 12 per cent.	From 88 to 50, or 43 per cent.
Winchester, . . . . .	" 46 " 101, " 54 "	" 101 " 57, " 43 "
	Average rise = 33 "	Average fall = 43 "

Act's consists in comparing the separate ratios of admissions to hospitals at each protected station during a certain time since the Acts have been in force there, with the like ratios at each of the same stations during an equal length of time before the Acts were applied. This has been done in the table on the opposite page.

It is manifest from this table that the ratio of admissions for primary venereal sores was steadily lessening at the stations in question before the Act of 1866 came into force. The question needing to be answered therefore is—Are the Acts to be credited with the diminution in the ratio of admissions to hospital which has taken place since those acts were applied, or is that diminution due to causes wholly or partly independent of their influence? Now if at any given station under the Acts the reduction in the ratio of admissions during a certain length of time before their application was as large as it was during an equal length of time after their application, the ascription of the reduction during the latter period to the influence of the Acts would scarcely be a logical procedure. Requesting our reader to bear this consideration in mind, we invite their attention to the facts revealed by the table given above.

At the end of 1872 there were five stations to which the Acts had been applied about six years, viz., Chatham and Sheerness, Aldershot, Portsmouth, Devonport and Plymouth, and Woolwich. Now at three out of these five stations the ratio of admissions to hospital fell to a much greater extent during the six years before the Acts were applied than it did during the six years after their application, and the *average* fall at all the five stations during the six years before the Acts were applied was 2·8 per cent. greater than it was during the six years after their application.

Again, the record of the admissions at two out of the fourteen stations—viz., Cork and Shorncliffe—which up to the end of 1872 had been under the Acts five years, presents results of a still less favourable character. At each of these stations the fall during the five years before the Acts were applied was considerably greater than it was during the five years afterwards; and the *average* fall at the two was 34 per cent. in the first period, and only 17 per cent. in the second. At Canterbury the fall was 61 per cent. during the first period, and only 4 per cent. during the second. At Maidstone and Dover there was also a fall during the first period, but not so great as the fall during the second. At these three stations, which up to the end of the year 1872 had been under the Acts three years, the *average* fall—26·6 during the three years before the Acts were applied—was only 6·7 less than during the corresponding period afterwards.

At Colchester, which had been under the Acts four years at the end of 1872, there was, on the other hand, a *rise* during the four years before the Acts were applied there of 35 per cent., and during the four years after their application there was a fall of 69 per cent.

At Winchester, which had been under the Acts three years up to December, 1872, there was a rise of 51 per cent. during the three years before, and a fall of 43 per cent. during the three years after their application.

At the Curragh, too, which had also been under the Acts three years up to the end of 1872, there was a rise of 12 per cent. during the three years before, and a fall of 43 per cent.

during the three years after, they were applied. The foregoing table comprises all the stations under the Acts except that of Windsor. Until 1867 Windsor and London were regarded statistically as forming only one station; there is therefore no evidence to show what was the rise or fall in the ratios of admissions to hospital at Windsor alone before the Acts were put in force there, April 1, 1868, and hence a comparison of the ratio during the period since the Acts were applied at Windsor, with the ratio during a period of equal length before their application there, is impossible. During the year before they were put into force the ratio of admissions for primary venereal sores was 58. In 1868 it rose to 136, and in the four following years, 1872 inclusive, it was respectively 93, 67, 78, 96.

At six stations, viz., at Devonport and Plymouth, Woolwich, Cork, Shorncliffe, and Canterbury, the fall in the ratio was considerably greater before the Acts were applied than it was afterwards, and as at Windsor there has been a rise since their application, there are, it appears, seven stations, or exactly half of all those under the Acts, in which the operation of those Acts, instead of having been beneficial, has been followed by a larger amount of venereal disease, in the form of primary venereal sores, than before the Acts were applied. Indeed, so great was the fall in the ratios at the six stations just mentioned, exclusive of Windsor, before the Acts were applied, that if the percentage of fall in the ratios before the application of the Acts at the *ten* stations first named in the table be added together, the total being divided by ten in order to determine the average, that average is found to be 34·5; whereas the average percentage of fall in the ratios at the same stations after the Acts were applied was 31·7, or 2·8 less than it had been before the Acts came into operation. And at Windsor, as we have seen, there has been a rise in the ratio since the Acts were applied there; so that, in fact, the *average* results at eleven stations out of the whole fourteen under the Acts show a larger amount of disease of the kind in question at those stations since the Acts became operative there than existed previously. There are three stations—viz., Colchester, Winchester, and the Curragh—which are distinguished from all those previously mentioned by the fact that, whereas at all those there was a fall in the ratio of admissions to hospital before the Acts were applied to them, at the three in question there was a *rise* in that ratio before they were subject to the Acts—a rise which, for the three stations, averaged 33·6 per cent., and which, after the Acts were applied, was followed by an average fall at the same stations of 51·6 per cent. So far as the experience of these stations is concerned, the result of the operation of the Acts must be pronounced to be a strikingly successful one. Whether this beneficial result—limited as it is to three stations, and to one division only of the threefold form of venereal disease of which the army medical statistics takes cognisance—is a result sufficiently important to justify the enactment and continuance of the Contagious Diseases Acts, we leave our readers to determine.

In closing this brief analysis and commentary on the table given above, we beg to observe that every numerical statement contained in it is made on the authority of the British Government, that the principle on which it represents the facts in question is the only one, in

our opinion, which enables us to interpret the significance of those facts rightly, and that any defect inherent in the table is owing to the necessary shortness of the time which it comprises.

We now come to the question, To what extent have the Acts operated in lessening the prevalence of secondary or constitutional syphilis?

During the six years prior to 1866, when the Acts began to come into force, there was a fall in the average annual ratio of admissions of soldiers of the whole home army on account of constitutional syphilis from 32.68 to 24.73 per 1000, the amount of the fall being 7.95; whereas during the six years subsequent to 1866 there was a fall from 24.73 to 24.26, the amount of the fall being only 0.47. After the Acts were applied the ratio rose until 1868; and though from that year it has fallen again, the *average* of the whole period has been one-sixteenth higher than it was during 1866, when the Acts were first applied. Undoubtedly that average is considerably lower than was the average ratio during the first period; but the significant and all-important fact is that the ratio denoting that low average was reached by means of a steady fall which took place *not after but before* the Acts came into operation, and therefore by virtue of causes quite independent of their influence.

And now a few words respecting blenorrrhagia, commonly known in England by the misnomer—gonorrhœa. In 1866, the year when the present Contagious Diseases Acts came into operation, the average annual ratio of admissions to hospital on account of this disease at all the stations ultimately brought under the Acts was 116 per 1000. Since that date up to 1872 inclusive, the ratios each year have been respectively as follows: 132, 133, 106, 98, 115, 104, and the average annual ratio throughout the whole period was 114.2. The ratio for the year 1872 is, therefore, exceptionally low. But taking it as it is, and deducting it from the ratio in 1866, we find that there has been a fall of 12 in the ratio, or 10 per cent. during the six years. Now if we deduct the ratio in 1866—viz., 116—from the ratio in 1860—viz., 139—we find that there was a steady and continuous fall in the course of the six years of the intervening period before the Acts were applied of 23, or 16 per cent. It is manifest, therefore, that the Acts have not lessened the amount of blenorrrhagia in the army, for the disease has declined less rapidly and less continuously since than before they were applied. And we may observe, though for the reasons already given we attach but little importance to the observation, that on comparing the ratios at the stations under the Acts with those at the stations not under the Acts we find the ratios are the smallest at the last-named group of stations: during the three years ending December 1869 the *average* annual ratio was at the protected stations 123.6; and at the unprotected stations, 113.6; and again during the three years ending December 1872 it was at the protected stations 105.6, and at the unprotected stations, 103.

The following summary statement of the influence of the Contagious Diseases Acts in diminishing venereal disease is in accordance with the foregoing analyses, and is, we believe, accurate:—

1. The average annual ratio of admissions to hospital on account of primary venereal

sores was lessening at ten out of the fourteen stations under the Acts before they became operative; and in the course of definite periods before they did so equal in length to the periods which have elapsed since the Acts were put in force, the average annual ratio of admissions at those ten stations *lessened 2.8 more rapidly* than it did during the corresponding period since the Acts were applied. At Windsor, where no basis for a comparison is afforded, there has been a positive rise in the ratio since the station was subjected to the Acts; and only at three stations out of the whole fourteen was there a rise in the ratio before the Acts were applied and a fall afterwards.

2. During six years before the Acts were applied, the average ratio of admissions on account of constitutional syphilis fell 7.95; but when the Acts came into force, the gradual improvement denoted by the figures was permanently arrested.

3. The decline in the average ratio of admissions on account of blenorrrhagia has been less rapid and less continuous since the Acts came into force than it was before, and during the three years ending with 1872, was 2.6 greater at the protected than at the unprotected stations.

The fact that the operation of the Acts in respect to blenorrrhagia is rather to increase than to lessen it, is instructively accordant with the results of the compulsory medication of prostitutes practised at Lyons and Bordeaux; and we feel assured that if we possessed correct statistical information from all the large Continental cities, enabling us to distinguish the number of cases of blenorrrhagia from the number of other forms of venereal disease with which registered prostitutes and the soldiers who consort with them are affected, we should find that the increase of blenorrrhagia consequent on the operation of the Contagious Acts in England, and the system of compulsory medication which obtains at Bordeaux and Lyons, is really observable wherever that system is practised. Indeed it is difficult to avoid the conclusion that such a result is inevitable. Wherever that system is operative, the great mass of prostitutes seclude themselves from the pursuit of the police, and hence the number of *ostensive* prostitutes, (viz., those on the register of the city or district in question) is reduced to a minimum, and consequently these are resorted to much more frequently than they would be if no compulsory medication were practised—so frequently indeed, that only thoroughly authenticated facts render credible the extraordinary degree of abuse to which the female generative organs of these ostensive prostitutes are submitted. Now, as a rule, such abuse cannot fail to produce inflammation of some grade—generally chronic—of those organs; and as the morbidly excessive secretions resulting from this inflammation are commonly contagious, it follows necessarily that they must be the means of infecting, in a very large proportion of cases, the men who come in sexual contact with the women in question. The disease most usually communicated by such contact is blenorrrhagia. Mr. J. R. Lane, F.R.C.S., senior surgeon of the London Lock Hospital, when asked, “Do you believe in many of these cases the disease recurs without a fresh infection?” said, “Certainly, as regards gonorrhœa; when a woman goes back to prostitution, she, in the course of time, will get another discharge, I believe, quite independ-

ently of any man having communicated contagion to her. The fact of constant prostitution will cause her to have a purulent discharge.\* Due consideration of what we have just said, along with the facts we are now about to recite, will, we believe, convince every impartial judge that, at least in so far as the blenorrhagic form of venereal disease is concerned, the Contagious Diseases Acts contribute in a pre-eminent degree to effect its spread.

Dr. J. C. Barr, surgeon at the Aldershot Hospital, after mentioning that since the application of the Contagious Diseases Acts at Aldershot, 100 women previously living as prostitutes had ceased to do so, and that he had "every reason to believe" they were really "reformed," and had "taken to other habits of life" (!) stated that there is a very great paucity of prostitutes in regard to the number of men; there is a camp of 13,000 men, and lately there have been nearly 6000 militia. For the supply of all those men there are only about 320 women; of these, an average of 55 in hospital. They are constantly with soldiers, and the soldiers are constantly seeking after them.† According to the evidence of Mr. W. H. Sloggett, visiting surgeon of the Devonport Lock Hospital, "in 1864 there were 2000 known public prostitutes in Devonport and Plymouth; there are now [24th June 1869] 770. Those numbers which I give," he says, "are not vague." Being asked, "Do you attribute that to the increased morality of the people of Devonport and Plymouth, or to the prostitutes doing more business in their way?" he said, "Of course those women must be doing more business. I have no doubt that there is greater intercourse, and I think that that may be seen in the appearance of the women, because they are better dressed than they used to be; evidently showing that the amount of gain which they receive from their infamous trade is larger." And again being asked, "But you wish it to be understood that the money is expended among fewer women, and not that the amount of vice in the town has increased?" he answered, "No; the money has been expended among fewer women. There is a standing garrison of soldiers, seamen, and marines, altogether from 10,000 to 12,000. The numbers have been the same, and they have been pretty much indulging in the same way as for the last twenty years."‡ A reduction of the number of prostitutes known to the police at all the stations under the Acts has taken place, as we shall show presently. Since the Acts came into force upwards of 9000 women have been registered, but 1874 the aggregate number of ostensive prostitutes, or prostitutes known to the police, in all the subjected districts was only 2174, or only 174 more than the number known to the police in Plymouth and Devonport alone before the Acts were applied! These facts, along with the considerations just adduced, afford, as it seems to us, a complete explanation of the increase of blenorrhagia in the subjected districts, and add instructive emphasis to the admission of the Deputy-Inspector-General of Hospitals

and the head of the Statistical Branch of the Medical Department of the Army—Dr. Balfour—that, so far as this disease is concerned, the Acts are a failure. The statistics published by Dr. Garin showing the effects of compulsory medication at Lyons prove that the ratio per 1000 of registered prostitutes affected with "local venereal disease or blenorrhagia" is nearly double the ratio per 1000 of clandestine prostitutes affected with the same maladies. Here are his exact figures:

	1867.	1868.	1869.
Ratio per 1000 of registered prostitutes affected with local venereal disease or blenorrhagia . . . . .	467	373	127
Ratio per 1000 of clandestine prostitutes affected with local venereal disease or blenorrhagia . . . . .	231	180	281

As Dr. Jeannel frankly confesses, "Dr. Garin's detailed and comparative statistics fully confirm the English statistics in respect to the inefficacy of [compulsory] sanitary measures in so far as blenorrhagic affections are concerned."

Another and an especially instructive statistical aspect of the increase of disease consequent on the operation of the Contagious Diseases Acts was presented to the Royal Commission by Mr. Sedley Wolfenstan, who was house-surgeon of the Royal Albert Hospital, Devonport, from January 1865 to December 1869, and who during that period "saw nearly 4000 cases; about 1250 separate women." His evidence on the point in question is contained in the following paragraphs:—

"3447. With regard to the physical benefits of the Acts, the allegation is that they have diminished the disease both in reference to men and women. Is that your opinion?—My opinion is, that the women who are subjected are diseased more frequently now than they were when first the Acts were put into operation."

"3448. With regard to the amount of disease amongst women, according to the police returns the number of women in the Plymouth district in 1866 was 1870, and according to the same returns it was reduced to 820 in 1869?—Yes."

"3449. Was it a fact that in 1866, taking the returns of the police as to that, the percentage of women sent to hospital amounted to 18 per cent., or rather over 18 per cent.?—Yes."

"3450. And that in 1869, taking still the number of women as reported by the police, the number sent to hospital amounted to 171 per cent.?—That would appear by the police returns."

"3451. That the percentage of diseases of women had increased during the time of the districts being subjected from 18 to 171 per cent.?—Yes."

"3452. Would you be inclined to modify that large percentage of increase, in the belief that the number of women given in 1866 was too large, and the number in 1869 too small?—I think so. I think that in the year 1866 there were not 1770 women who could be registered as common prostitutes."

\* Report of the Royal Commission upon the Administration, and Operation of the Contagious Diseases Acts. Vol. II., paragraphs 14, 697, 698.

† Report from the Select Committee on Contagious Diseases Act (1866), ordered to be printed 8th July 1869. Paragraphs 646, 647, 651.

‡ *Ibid.* Paragraphs 104-106.

“De la Prostitution dans les Grandes Villes au dix-neuvième Siècle,” &c. Par le Docteur Jeannel. Deuxième édition, p. 507.

3453. But even allowing that the number of women remains about the same as compared in 1866, still the percentage of disease has increased very considerably?—Yes, it has."

We have already shown that the gradual diminution of syphilis which was taking place in the English army before the Contagious Diseases Acts came into force has, since that event, become permanently arrested. We have also shown that during the five years ending with December 1869 the proportion of registered prostitutes in Paris who were found syphilitic increased from 100-355 to 139-118 per 1000. Thus in regard to syphilis as well as in regard to blenorrhagia, the state of the English soldiers since the application of the Acts, and the state of the registered prostitutes in Paris, concur in proving that, on each side of the Channel, compulsory medicated prostitutes are peculiarly dangerous, and that their dangerousness is not lessening but increasing. So long as they are allowed to be at liberty to continue their profession, they are *implicitly* guaranteed by Her Majesty's Government in England and *explicitly* by the Prefets of Police in France to be free from disease, and hence the men who resort to them are, as it appears, lulled into a *false* security, the result of which is an actual increase, not only of blenorrhagia as already shown, but of syphilis itself. French surgeons, having the most intimate practical acquaintance with the subject, thoroughly recognise that the guarantee in question is illusory. The Drs. Belhomme and Martin make the following statement—"This guarantee is very insignificant, sad to say (*cela est triste à dire*), so insignificant even that *syphilis is chiefly propagated by registered women (la syphilis dérive surtout des femmes surveillées)*. This Dr. Alfred Fournier has been able to prove by tracing the disease to its source in 367 cases of syphilis which he had the opportunity of observing either at the *Hôpital du Midi* or in private practice. Of 367 patients, 231 had contracted the disease (*chancere infectant*) from registered women. Dr. Puche has found that out of 510 cases of syphilis, 374 originated in connection with prostitutes subject to the obligation of medical introspection (*visite sanitaire*). Dr. Diday found that out of 42 cases 17 had a like origin. It is also well known that in the *maisons tolérées*, or from registered prostitutes occupying private lodgings in the outskirts of Paris, soldiers most frequently contract syphilis or venereal affections. Dr. Potton writes that at least five times out of six is in their relations with registered prostitutes that military men (*les militaires*) derive the syphilitic principle."

In presence of the carefully authenticated experience now on record of the effects of the Contagious Diseases Acts in England as well as of the compulsory medication of prostitutes on the Continent, we are no longer permitted to doubt that not only in respect to blenorrhagia, but in respect to syphilis itself, the "Queen's women," as they complacently style themselves, are in truth an especially prolific source of danger to all who consort with them. Mr. Wolferstan, whose evidence on this subject we have already cited, stated to the Royal Commission his opinion that the increase of vene-

real disease generally observable in women subject to the Contagious Diseases Acts is due to the fact that "each individual woman consorts with more men" than she used to do before she was compulsory medicated, and thus virtually certified by the State to be free from disease.

We have already explained how blenorrhagia is likely, and, indeed, we may say, in our opinion, is *sure*, to be produced *de novo* far more frequently in women who consort with a large number of men than it is in women who consort with a comparatively small number within a given time; but inasmuch as syphilis, unlike blenorrhagia, is not generally believed to be producible *de novo* by any amount of sexual excess in persons previously free from the disease, the explanation of the fact that blenorrhagia is rendered increasingly prevalent by compulsory medication is not applicable to the confessedly extensive diffusion of syphilis by compulsorily medicated women. It seems to us, however, that the true explanation—applicable in the great majority of cases—is not far to seek. It is nevertheless an explanation which, so far as we know, has not hitherto been propounded, and before adverting to it we will refer to the explanations already offered by French physicians.

Of the registered women in Paris, those living in the *maisons tolérées* are examined once a week, while those who live in private apartments are examined only twice a month. "But," says Dr. Mireur, who expresses the opinion of many eminent French physicians, "in the eyes of the majority of hygienists and syphilographers, such examinations as those which public women actually undergo are incapable of affording all the guarantees which we are entitled to expect from a similar measure. In fact, while these women are examined twice a month, or even once a week, if contagious sores are developed a short time after an examination, such women may transmit their poison to a great number of men before the next examination proving them to be diseased results in their being sent to hospital for treatment. M. Ricord thinks that prostitutes ought to be examined at least every third day; M. Ratier and M. Sandouville, every fourth day; M. Davilla, M. Langlebert, and many others, twice a week; M. Lancereaux, every day."

While of opinion that, in respect to public women free from syphilitic infection, two examinations a week ought to be, not absolutely, but within the limits of reasonable precaution, a guarantee against disease, M. Langlebert asks, "But would they be so in respect to women affected with syphilitic diathesis?" and he replies, "Certainly not; and here it behoves us to say with M. Alfred Fournier, that 'the knowledge of the contagious character of secondary syphilis opens a new era in prophylaxy, and exacts more extensive guarantees.'" M. Langlebert goes on to say that a woman leaving the hospital after having been treated for syphilis ought to be subject to a *special supervision*, involving an introspective examination every day during a period of eighteen months or two years after she is discharged from the hospital—that is to say, during the ordinary time within which, as sequences of the primary disease, symptoms of secondary syphilis are produced or renewed (?). By way of comment on the proposal here described, Dr. Mireur ob-

\* "Traité de Pathologie Syphilitique et Vénéérienne." Paris, 1864. Cited by Dr. Mireur, pp. 339, 331.

serve:—“Until a new prophylactic system, possessing real efficacy shall be adopted, the reform advocated by M. Langlebert is indispensable; and so long as it is not put into execution, we do not hesitate to affirm that registered prostitution, as well as clandestine, will continue a perpetual source of contamination.” An examination every day—especially if during a period of two years—is indeed, as M. Langlebert admits, “*beaucoup*,” or a good deal to ask; “but,” he adds, philosophically, “he who would achieve the end must assent to the means.”

Now, when it is considered how large is the proportion of registered prostitutes who during some period or periods of their career are infected with syphilis, it will be possible to form an approximate estimate of the number of policemen and surgeons requisite to constitute the vast force which would be necessary to accomplish the examinations with that frequency and on that extensive scale which the leading French hygienists insist on as indispensable in order to prevent registered women from being, as they are authoritatively affirmed to be now, “a perpetual source of contamination.”

If the views of these experienced physicians be correct, and we believe them to be so, *so far as they go*, they explain to a large extent, at any rate, how it comes to pass that, whereas there was a fall in the average annual ratio of admissions of soldiers of the whole home army of England on account of constitutional syphilis from 32·68 to 24·73 per 1000 during the six years prior to 1866, when the Contagious Diseases Acts came into force, the progressive improvement denoted by these figures was arrested after those acts came into operation, the amount of the fall during the second period of six years being only 0·47.

But this very important question here arises. Let it be supposed for a moment that the Parliament of England may be induced to enforce the application of the system of “prophylaxy” insisted on by MM. Langlebert, Mireur, and others, in order that compulsory medication of registered prostitutes may no longer continue even worse than “illusory,” would that system, if rigorously applied, really fulfill the expectations of its advocates? We venture to predict that it would not. Even though it were rigorously applied cases would often occur in which secondary or tertiary syphilis, after being “cured,” would break out afresh, and by means of slight, newly developed sores, undetected at first, would, before their discovery by the examining surgeons, communicate its poison to a considerable number of men. But while we recognise the inevitably frequent occurrence of such facts under the most rigorous application of the system in question, we should readily admit that syphilitic contamination by means of registered prostitutes would be much less prevalent than it is at present, if we believe that a woman who has been infected with constitutional syphilis can only communicate the disease by means of a sore existing on her person. Unfortunately we cannot believe this. Numerous and thoroughly authenticated facts have been accumulated, proving that the disease may be communicated by a person having a syphilitised constitution, but having no sore or abrasion of surface on any part of the body, the poison being conveyed in one of the natural secretions. We now know that it can be and is thus conveyed by the semen, by the saliva, and by the secretions from mucous surfaces.

It is true that a woman who has had syphilis, and who has been “cured,” or in whom, to speak correctly, symptoms of the disease have ceased to be observable, whose general health is fairly good, and who in matters sexual leads a temperate life, may not, and in many cases does not, communicate the disease; but she also may communicate it; and if such a woman were to become a registered prostitute, and being certified by authority of the State to be free from venereal disease, were frequented by a large number of men within a short period of time, she would probably begin to suffer afresh from the outbreak of new symptoms of her old malady, and if she did not, her reproductive organs would be rendered so morbidly hyperæmic as to approach a state of inflammation, or even to assume it by their excessive abuse—a state especially conducive to that peculiar modification of the secretion from the genital mucous membrane by which that secretion becomes a potent agent for the diffusion of the syphilitic poison from the syphilitic constitution in question. Thus, in either case—that is to say, whether by conducing to the outbreak of fresh and obvious symptoms, or to morbid changes in the products of the mucous membrane—the result is the same: the State guarantee of freedom from disease operates as the indirect, but not less efficient, cause of the spread of syphilis by registered women. And of course when they diffuse the poison only by means of their poisoned mucous secretions, medical introspection fails to reveal the presence of syphilis, or even of any form of venereal disease,\* and hence such women, by the fact of being allowed to continue the practice of their profession, and being thus implicitly certified as healthy, are especially sought after by a certain class of men, and thus become the most especially active and the most powerful, while at the same time the most subtle and the most insidious, agents for the propagation of syphilis.

We have now, we believe, given a complete explanation, not only why compulsory medication of prostitutes produces an increase of gonorrhœa, but also why registered women are found syphilitic to the great extent they are, and why, whether *obviously* so or not, they are a confessedly abundant source of syphilitic contamination.

A careful consideration of the facts represented by the summary of the sanitary results of the Contagious Diseases Acts already given,

\* Dr. Armand Depres, Professor of the Faculty of Medicine of Paris, and many years surgeon to Lourcine Hospital in that city, condemns the system of compulsory medication of prostitutes now practised in Paris as “illusory,” and one of his reasons for condemning it he states as follows: “Because a woman can be registered without its being discovered that she has had syphilis (for example, an invalid, scarcely out of my hands cured, and yet in whom the disease may reappear, and be transmitted, is at once and easily registered).” Referring to the system generally he says, “It is well that it should be stated that our system, with the Dispensary of the Prefecture of Police and the Prison of St. Lazare, achieves, by way of remedy to this evil, *nothing or almost nothing*. . . Unless all women who practice prostitution clandestinely can be superintended, how is it possible to arrest the propagation of syphilis.”—See *Medical Enquirer*, March 15, 1875.

suggests the inquiry whether, if the Acts be not maintained in operation, anything can be done to facilitate and increase the action of those causes which, without the aid of the Acts, have been mainly instrumental in reducing the ratios of admissions to hospitals for venereal diseases to their present comparatively low level? We beg to submit a few remarks by way of answer to this question.

In glancing over the table showing the ratios of admissions of English soldiers to hospital for primary venereal sores, we see that in three stations there was a rise in the ratio of admissions to hospital before they were subjected to the Acts and a fall afterwards, and that the rapidity of the fall at the different stations has been remarkably different. Now what is the chief cause of these variations? They correspond in a striking manner to the absence or extent of hospital accommodations for prostitutes suffering from venereal diseases at the various stations, and we do not hesitate to affirm that the relation indicated is a causal one. The baneful delusion cherished by a vast proportion of every Christian community that venereal diseases are ordained by the Almighty as a punishment for the sin of fornication, still exerts, though in a lesser degree than formerly, its disastrous influence, and even now is the chief hindrance to the extinction or early treatment of those diseases. Note the action of this delusion in the three places where there was an increase of those diseases before the Acts came into force. There is a general hospital both at Winchester and Colchester, but the governors of those hospitals would not allow any prostitutes afflicted with venereal diseases to be admitted into them for treatment. A part of the hospital at Colchester remained empty and unused; but when one of the officials employed in applying the Contagious Diseases Acts proposed that the empty parts might be used for the reception and treatment of the women in question, and that all expenses of that part of the hospital should be borne by the nation, the governors of the hospital objected to the proposal "in the strongest terms." Before the Acts were applied to the Curragh in 1869, there was no hospital accommodation there for women affected with the disease in question. Indeed, so wretchedly low and uncared-for was the condition of many of those poor, abandoned, and reckless creatures, that it is difficult to imagine any human beings belonging to communities calling themselves civilised more utterly degraded. It is stated authoritatively that "they were almost in the habit of burrowing in the ground like rabbits, that they were in a constant state of filth, and were covered with vermin." It is well known that there were women in a like condition, and living in a similar way, at Aldershot before the Acts came into force there. Maidstone, Chatham and Sheerness, and Dover, stations conspicuous by the comparatively rapid improvement in the health of the soldiers there, in so far as venereal diseases are concerned, after the Contagious Diseases Acts came into operation, were also distinguished by the absence of any provision for the medical treatment of prostitutes until hospital accommodation was supplied at the cost of the Government. Indeed, at several of the stations the Acts could not have been worked at all had their managers been dependent on local hospital accommodation for the diseased women; and in face of the great diffi-

culty which presented itself, the Lock Hospital of London was the chief, and in some cases the sole resource, the women being sent to that hospital from many of the subjected districts.

Considering how powerfully religious influences have prevailed in excluding prostitutes from the benefits of medical relief, we can only marvel and be thankful that venereal disease is not more general and destructive than it actually is; and certainly we cannot be surprised that, after the diseased prostitutes of Winchester, Colchester, the Curragh, and other places had, by authority of the Contagious Diseases Acts, become the objects of efficient medical care in hospitals expressly provided for their reception, the soldiers accustomed to consort with them should be found much less frequently diseased than before.

In the opinion of the promoters of the Contagious Diseases Acts, their sanitary efficacy consists in the element of compulsion, by which prostitutes in the subjected districts are forcibly submitted to periodical examination, and when diseased, detained in hospital until they are cured, or for a period not exceeding nine months. In our opinion the sanitary efficacy—whatever it may amount to—of the Acts consists in the hospital accommodation and administration which by their authority are at length, and for the first time since syphilis became epidemic in England, provided on an adequate scale (but only in the subjected districts) for the reception and treatment of venereal patients.

If in all parts of the United Kingdom not yet subject to the Acts provision as complete as now exists in the subjected districts were made for the efficient treatment of all sufferers from venereal disease, female as well as male, and if the element of compulsion now resorted to in order to detain them in hospital were entirely abandoned, the ratio of admissions to hospital of soldiers for venereal diseases would, we feel sure, fall far more rapidly even than it did in the districts now subject to the Contagious Diseases Acts before those Acts came into force. We may add, that this opinion is implicitly supported by the Royal Commissioners who, in 1871, inquired into "the administration and operation of the Contagious Diseases Acts," and who, after having heard the evidence of and cross-examined a great number of witnesses, felt it their duty to "recommend that the periodical examination of the public women be discontinued."

According to the Parliamentary return which was ordered to be printed June 17, 1875, and which we have made ample use of in the foregoing pages, there was an extraordinarily great diminution in the ratio of admissions of British soldiers to hospital on account of venereal diseases during the year 1874, both at the stations subject to the Contagious Diseases Acts, and at the stations not subject to them; and were it not that this extraordinary diminution was due to an extraordinary cause, it would be especially gratifying. But, in fact, the result was only seeming. The soldiers, in a large proportion of cases, suffering from venereal diseases, concealed the fact, and hence the returns respecting those diseases for 1874 and afterwards are thoroughly untrustworthy. "In October 1873 a Royal Warrant was promulgated directing that soldiers admitted into hospital on account of venereal disease should forfeit

their pay whilst under treatment." This warrant, of course, induced the soldiers to conceal their venereal maladies, and hence the fall of the number of admissions to hospital on account of them.\* The officials desirous of maintaining the Contagious Diseases Acts recognise in this instance the baneful effect of forcible repression, and see that by its exercise they have contributed to prolong and intensify venereal diseases in the soldiers who have been thus led to conceal them, and who, of course, become foci from which those diseases are diffused to an extent far greater than would otherwise have been the case. It is astonishing that men who do see in this instance the baneful effects of the forcible repression in question, do not see an exactly parallel case in the application of the Contagious Diseases Acts themselves, or, in other words, that like causes, acting under like conditions, produce like effects. That these Acts do operate in a manner exactly similar to that in which the Royal Warrant just mentioned is admitted officially to have operated, we proceed to show.

Of the fourteen districts in the United Kingdom which have been subjected to the Contagious Diseases Acts, the last to be submitted to them is that constituted by Maidstone, and a certain defined area around it. The Acts came into force there in February 1870, so that in that year all known prostitutes within the areas of the various stations subject to the Acts were registered by virtue of them, and on the last Saturday of 1869 there were remaining on the register 2461 women. Now 2546 women were registered for the first time in 1870, and in the five following years the number of individual women registered for the first time each year was respectively 1856, 1625, 1568, 1650, 1415, so that if all these women had continued to live, and had continued on the register, there would have been at the end of 1875, 13,121 registered prostitutes in the subjected districts. But, as a matter of fact, the number on the register on the 31st December 1875 was 1907, or 743 less than in 1870. The number of individual women remaining on the register each year from 1870 to 1875, both inclusive, was as follows: 2650, 2411, 2290, 2121, 2072, 1907. During the whole of this period of six years, 271 are reported to have died, 562 to have married, 1395 to have entered homes, 4967 are said to have "returned to friends," and the remainder of the surplus, namely 7304, over and above those still on the register, are reported to have left the district.

Seeing that the number of prostitutes on the register at the end of 1875 was 743 less than

the number in 1870, and that the police flatter themselves that they know all the prostitutes of each subjected district, the diminution of their number is pointed to exultingly as one of the moral effects of the Acts. Again, we are informed officially, that within the subjected districts there has been, since the Acts came into operation, a decrease of 318 brothels, of 110 public-houses used as brothels, and of 255 beer-houses used for the same purpose.

It thus appears that though 2461 women were on the register at the end of 1869, and though during the six years since that date 10,660 individual women have been registered for the first time, only 1907 women remained on the register at the end of 1875; that during the six years in question the fall in the number on the register each year was a steadily progressive one, and that simultaneously in the districts subjected to the Acts the number of brothels, and of public-houses and beer-houses used as brothels, was also greatly lessened.

It will be observed that this summary denotes changes in the prostitute population of the districts subjected to the Contagious Diseases Acts of a character precisely similar to those which are exhibited by the prostitute population of Paris and of other Continental cities, in which the system of police surveillance and compulsory medical examination of prostitutes is practised. But there is a most amazing difference between the nature of the appreciation of the importance and significance of these changes in England and the appreciation of the importance and significance of the analogous changes occurring on the Continent. Here they are held up to the admiring gaze of multitudes of conventionally moral, respectable, and Christian people as evidence of a moral conversion and regeneration of thousands of fallen women, whereas on the Continent, and notably in Paris, precisely identical changes are deplored as the greatest possible obstacles to the strenuous endeavours of the official world to extinguish, or at least to prevent, the spread of venereal diseases.

We freely concede to the advocates of the Contagious Diseases Acts that, in the districts where they are applied, the diminution which has taken place in the number of brothels and in the number of *ostensive* prostitutes is in part due to their agency. But is the diminution thus produced a fact for statesmen and hygienists to rejoice over or to deplore? In other words, does this diminution denote that the practice of prostitution itself has really diminished, or only that it is abandoning one form—overt, to assume another—clandestine? The question which of these two views, the English or the French, is the right one, is a supremely important question, for on the answering of it hang supremely grave issues.

We avow ourselves of those who entirely believe that the English official view is a thoroughly false one, and that the Continental view is the really true one. We have adduced indisputable evidence that while *within* the small and steadily lessening zone of registration and medical control syphilis, by means of the compulsory medication of prostitutes, is reduced to a minimum, *without* that zone the area of clandestine prostitution steadily increases, and from a sanitary point of view becomes increasingly dangerous. Thoughtful and earnest Frenchmen, having a thorough knowledge of the facts of the matter as they present them-

\* Referring to the troops serving in the United Kingdom, the "Army Medical Department Report for the Year 1874" says:—"The rate of admissions [into hospital] is 81.5, and that of deaths is .53 per 1000 men in excess of the corresponding rates of the previous year; both are also in excess of those of the average of the five preceding years. . . . Certain considerations bearing on the subject of the less favourable health of the force may be mentioned here. The matter is complicated by the fact that causes tending in opposite directions influenced the number of admissions into hospital in 1874; the fall in the rate of admissions for venereal diseases, which followed the promulgation of the Royal Warrant of October 1873, continued throughout 1874; the increase in the rate of admissions for all diseases together is therefore in spite of the operation of a cause tending to lower that rate."

selves in France, are becoming appalled by the vast proportions which clandestine prostitution is assuming, and especially by the enormous amount of syphilis which, mainly through its agency, is being diffused throughout the community. But unfortunately, with Frenchmen's characteristic faith in the power of Government and in the efficacy of governmental measures as remedies of social evils, they all advise that the principle of the system now practised should be adhered to, but that it should be applied much more extensively and much more rigorously than it has been hitherto. As we mentioned in 1870, the eminent surgeon M. Le Fort proposes "the appointment of a body of police sufficiently large to control 50,000 women; the compulsory residence of all the prostitutes of Paris in brothels—all women leaving them without permission to be punished by imprisonment when recaptured; the appointment of a medical staff sufficiently large to examine all the women in these brothels twice a week; and the condemnation of young girls (minors), after detection in the act of prostitution three times, to enforced residence in brothels as regular prostitutes, their parents' reclamation of them notwithstanding!" Dr. Jeannel takes to task the administration of the *Bureau des Mœurs* at Paris for its want of vigour, and especially because it contents itself with causing *les filles isolées* to submit to medical examination twice a month instead of at the more frequent period he insists on as necessary, viz., once a week. He would enact the law proposed by Duchatelet, and which would confer "a discretionary power on the chief of the police over all persons who give themselves up to public prostitution;" and such is his belief in the efficacy of compulsory medication of prostitutes, that he says; "No sanitary reform purely local can be considered as efficacious against the syphilitic contagion. A vast international system can alone realise in this respect the views of hygienists. . . . A uniform regulation relative to prostitution ought to be adopted in all the centres of population, not only in France, but in all civilised countries."

Dr. Mireur advocates views similar to those of Messrs. Le Fort and Jeannel. Like M. Le Fort, he would compel every woman who practises prostitution to reside in a brothel, and, like Dr. Jeannel, he would fain see established a vast international system of compulsory regulation of prostitution in all civilised countries. Every woman who could be convicted of practising prostitution except in a brothel, should, according to Dr. Mireur, as well as Dr. Jeannel, be punished severely; but whereas the latter would confide the determination of the nature and extent of the crime and of the punishment of the offender to the police, the former would have these functions undertaken by the courts of justice. He adds: "In order that the fact of prostitution should constitute a crime, it appears to us to require one sole condition, that of being accompanied by *public provocation to debauchery*." Women who practice prostitution so guardedly that the law cannot touch them, he would "*refuse to register as filles isolées, and would in no case impose upon them the duty of visiting the dispensary for medical examination*." Thus those who frequent such women would know in advance to what they expose themselves; they would know that in addressing themselves to this category of women they ought not to expect to meet with any hygienic guarantee."

In making these proposals, Dr. Mireur confesses implicitly that every method hitherto adopted in order to get that large class of prostitutes called "clandestine" under control has failed, but that unless they can either be terrified into abandoning their vocation, or unless the practice of it can be rendered unremunerative, the system of compulsory regulation will fail altogether. Hence he says virtually, "Threaten to punish as a criminal every woman who by words or manner in public advertises herself as a prostitute, and refuse absolutely to accord any gratuitous medical aid to any diseased woman who, declining to enter a brothel, practises prostitution so circumspectly as to keep herself within the pale of legality. Dr. Mireur cherishes the conviction that if prevented, on the one hand, from making known their profession, and, on the other, denied help when diseased, and then stigmatised as infectious, clandestine prostitutes will no longer be able to support themselves, and thus, as a class, will die out."

Another eminent Frenchman, Dr. Diday, has published a pamphlet entitled "*Nouveau Système d'Assainissement de la Prostitution*," in which he says: "*La Répression ou l'assainissement de la prostitution clandestine, reste au nombre des desiderata à la fois les plus importants et les plus difficiles à réaliser*." He proposes to attain this end "in an indirect but certain manner, viz., by inspiring clandestine prostitutes with the desire to pass into the state of registered prostitutes, and to become subject not only to regular *surveillance*, but also to regular treatment in case of disease." Recognising explicitly that the system of compulsion has failed signally, Dr. Diday recommends a trial of the principle of kindness and persuasion supplemented by what he calls a premium, but what with at least equal correctness might be called a bribe. He advises that a premium of ten francs be accorded to every woman who shall spontaneously cause herself to be registered, provided it be proved by inquiry that she has lived during a certain time in the conditions which justify this measure."

Suppose, now, the Doctors Le Fort, Jeannel, Mireur, and Diday were told that in the districts in which the Contagious Diseases Acts are applied there were 2461 women remaining on the register at the end of 1869; that since that date 10,660 individual women have been registered for the first time—thus making a total of 13,121; that of these, only 1907 remained on the register at the end of 1875: that 1395 of these women have entered homes in which they are subject to reforming influences; that 4067 have returned to their friends; that 4301 have left the "protected" districts; that there has been a *steady* decrease year by year in the number of women on the register; that within the "protected" districts there has been a decrease of 683 brothels since the Acts came into operation; and suppose these facts were appealed to by the speaker as conclusive proofs of the beneficent working of the Acts in question, what impression would he be likely to produce in the minds of those gentlemen? Would they not smile incredulously, pitying perhaps at the same time the delusive ignorance of the speaker? Would they not regard the statement that 1395 of the prostitutes in question had entered "homes," and 4067 had returned to friends—the inference being suggested that they intended to lead moral lives in future—as ludicrously illusory? Certainly,

if they condescended to enlighten him as to the real significance of the facts in question, they would begin by explaining to him their long and mournful familiarity with facts of a similar character; they would tell him that similar facts are experienced in all the great centres of population on the Continent; that according to the experience of all Continental sanitarians, these very facts constitute the insuperable obstacles thwarting their most strenuous efforts to prevent the propagation and spread of syphilis; that, in truth, unless the women, instead of disappearing and thus escaping from sanitary control, can be induced to remain on the register—always under supervision by the policeman and regularly introspected by the surgeon, and that unless the number of brothels and of the women living in them can be rather increased than decreased, the Contagious Diseases Acts will fail to accomplish the purpose for which they were designed.

While, however, we hold strongly to the opinion that the system of compulsory medication now practised in Continental cities and in the "protected" districts of England operates powerfully in lessening the number of brothels and of *ostensive* prostitutes wherever that system is applied, and that to whatever extent it does so operate it is, in respect to the main object which it is designed to accomplish, self-defeating, we must declare emphatically that a large proportion of the brothels and of the prostitutes which disappear from the places subject to that system disappear by virtue of causes wholly unconnected with the working of that system, and constantly operative in every civilised country. Prostitutes partake, and a large proportion of them in no small measure, of the improvements in the physical, mental, and social state of the people amid which they live—improvements denoted by the general term "the progress of civilisation;" and in proportion as they do so they not only refuse in increasing numbers to become or continue the slaves of brothel-keepers, but they also struggle incessantly to withdraw themselves from the category of common or public prostitutes, and to raise themselves into successively higher, and correspondingly more secluded, ranks of their order. The transformation which they thus effect thwarts alike the administration of the *Bureau des Mœurs* and the working of the Contagious Diseases Acts, though it is itself undoubtedly hastened by both those agencies. The extent to which it is thus hastened varies of course in different countries, according to the different degrees of their general culture and social development.

Besides the general and silent transformative influence just adverted to, the repressive influence of the local police, acting by virtue of authority unconnected with any *Bureau des Mœurs* or Contagious Diseases Acts, conduces considerably to effect the changes in question. In England we now possess, thanks to the indefatigable industry of Dr. Nevins, a fairly accurate measure of the rate of the transformation in question in towns in which the perturbing influence of the Contagious Diseases Acts is inoperative. By means of that measure we are enabled to determine how *comparatively* groundless is the assertion made by the advocates of the Contagious Diseases Acts that the diminution in the number of brothels and in the number of prostitutes within the protected districts is wholly or mainly due to the influence of those Acts. In 1866 the aggregate

number of brothels in sixteen towns under the Contagious Diseases Acts was 933, but in 1874 this number had become reduced to 503. Again, in 1866 the number of ostensive prostitutes in those towns was 2569, whereas in 1874 the number of the same class of women in the same towns had lessened to 1620. If these facts were unique of their kind, the advocates of the system under review might be allowed to appeal to them as special results of that system; but in truth the case is far otherwise. Dr. Nevins has shown that in thirty towns not under the Acts, and containing an aggregate population of nearly four millions, the number of brothels has been reduced during the period extending from 1866 to 1874 from 3758 to 2363, and the number of ostensive prostitutes from 8504 to 5432. In the sixteen towns under the Acts the brothels have been reduced, according to Dr. Nevins's calculation, to 47 per cent., and the prostitutes to 54·2 per cent. of their number in 1866; and in the thirty towns not under the Acts the brothels have been reduced to 56·1 per cent., and the prostitutes to 56·8 per cent. of their number in 1866. It appears, therefore, that in sixteen towns within the "protected" districts the reduction of brothels has been 9·1 per cent., and of prostitutes 2·6 per cent. greater than it has been in the thirty towns not under the Acts. Such, according to Dr. Nevins, is the small amount of reduction which the advocates of the Acts are justly entitled to ascribe to their operation.

While, however, we believe Dr. Nevins's statistics just summarised to be as accurate as the nature of the sources from which they are compiled permit them to be, we think that the conclusion to which they lead is only partially correct. We think so, because we are of opinion that the condition of the prostitute population of the sixteen towns under the Acts differs greatly from that of the like population of the thirty towns taken as the basis of comparison with them. Each of the first group of towns contains a large number of soldiers or sailors, or of both—men who are accustomed to consort with the lowest class of prostitutes—precisely that class most likely to congregate in brothels, and least likely to become amenable to those influences which induce women to transform themselves *voluntarily* from ostensive to clandestine prostitutes. We are therefore of opinion that the Contagious Diseases Acts have exerted an especially great and powerfully repressive influence on the prostitutes of the "protected" districts.

In the United Kingdom the districts in which prostitutes are subject to the Contagious Diseases Acts are surrounded by others in which those Acts are not operative, therefore most of the women who refuse to continue on the register in the districts subject to the Acts do not secrete themselves and practice prostitution clandestinely within those districts, but migrate into the surrounding districts in which the Acts are not operative. According to Captain Harris's Report for 1875, on the operation of the Acts, during the six years ending last December, 7304 of the total number who were registered are officially reported to have thus migrated. The same remark is applicable to brothel-keepers. Captain Harris, in his Report for 1874, says: "Three brothel-keepers who were found to be harbouring juvenile prostitutes, and permitting young girls to frequent their houses, closed their brothels and left the district on being cautioned by the police." Of

course a vast clearance of this kind from any district will be regarded as a boon by the "respectable" inhabitants of it, and therefore we experience no difficulty in either crediting or appreciating the facts recorded in the following extracts from Captain Harris's Report last mentioned:—

"In towns where the Acts are in force, the voice of the general public is strongly in their favour; the opposition proceeds from persons . . . who reside in places distant from the scene of their operation.

"Respectable persons, residing within a protected district, have been known to say that they would gladly pay a special rate for the maintenance of the Acts, so much do they contribute to the peace and quietness of a town."

But we should like to know what "respectable persons" residing in the towns outside the "protected districts," and to which the 7304 prostitutes in question, together with numerous brothel-keepers, migrated, have to say concerning this migration. We imagine that the small number of such persons who are duly acquainted with the nature and extent of it, take a view of it differing considerably from that entertained by "respectable persons residing within a protected district," and by the officials who adduce it as evidence of the beneficent influence of the Acts. We imagine, too, that many "respectable persons" who reside in the outside districts, but who know nothing of the migration in question, have a vague, uncomfortable feeling that the number of "disreputable" women in their midst has largely increased, and that evidences of sexual profligacy have lately become much more obtrusive than formerly. The fact that the application of the Contagious Diseases Acts has cleared the districts subject to them of some thousands of prostitutes, and of a large number of brothels, may be, and of course is, adduced as a strong argument in favour of those Acts, an argument which, as we are well aware, tells with convincing force on that large number of persons who take only a superficial view of the matter; but, in fact, the social and physical evils produced in the districts outside and immediately adjoining those subject to the Acts are actually greater, and probably far greater, than those which are abolished within the "protected districts" by the forced migrations in question. A striking illustration of the truth of this assertion is afforded by the experience of the inhabitants of the towns and villages near Marseilles. The municipality of this city, intent, in 1871, on suppressing one at least of the most dangerous forms of clandestine prostitution, prohibited the keepers of lodging-houses, public-houses, beer-houses, &c., from employing women in the public service of their establishments. By another decree, published in 1873, all proprietors of houses, house-holders, and occupants of furnished apartments who sublet them, were forbidden to let their houses or apartments, whether furnished or unfurnished, to girls or women known or denounced as abandoning themselves to the practice of public prostitution. It was intended on this occasion to make it impossible to practice prostitution anywhere except in the brothels. What were the immediate results of these administrative measures? Our wine and beer shops, and our streets, says Dr. Mireur (pp. 344, 345)—

"Were, in fact, temporarily purged of this physically and morally gangrenous population which infested them; but at what price was this depuration accomplished, and what were the consequences of these rigorous measures? A considerable emigration of prostitutes from Marseilles was accomplished; but instead of entering the brothels as was expected, they went into the *départements* (the neighbouring towns and villages) to seek the impunity denied to them at Marseilles, and to spread everywhere demoralisation and disease. It was a sad sight to see in a short time certain rural populations, whom until then the syphilitic poison had spared, become the victims of a plague which they ought never to have known.

"In presence of this deplorable state of things, the Prefects of the several bordering *départements*, at the instigation of the *Conseils Généraux*, make it their duty in turn to adopt measures like those of the Marseilles municipality: but it was too late, the evil had already acquired such proportions as to be irreparable."

The advocates of compulsory medication are accustomed to interpret facts of the kind just adduced as indications, not of the failure of the system, but of the necessity of its more extensive application; and its English advocates, while appealing with especial emphasis to the superior sanitary condition of the "protected districts" as a proof of the efficacy of the Contagious Diseases Acts, assert that that condition exemplifies what might be the sanitary state of the whole United Kingdom if Parliament would only make the application of those Acts coextensive with it. The advocates of those Acts are indeed fortunate in being able to make use of this argument; and so long as the districts to which they are applied are surrounded by others to which they are not applied, it will appeal to a certain class of minds with irresistible force, as all women within the "protected districts" who, by practising prostitution without the legal authorisation to do so now obtainable, can escape over the border into a non-protected district when they find the police inconveniently troublesome,—they do, as a general rule, thus escape, and practice their profession elsewhere. Of course there must always remain a certain number of women in whom motives of various kinds for staying in the districts where they have been in the habit of living are strong enough to outweigh their repugnance to submit themselves to the regime prescribed by the Acts. The aggregate number of these scattered throughout the fourteen "protected districts" had become reduced, at the end of last year, as we have already said, to the comparatively small number 1907.

But a very different state of things would be experienced in the United Kingdom if, instead of being applied over certain limited areas of it, the Contagious Diseases Acts should ever be applied over the whole of it. Then it would be no longer possible for women refusing to be registered, or disappearing after registration, to shelter themselves from the pursuits of the police more securely in one district than in another; then the real struggle *à l'outrance* between such women and the police would begin in England for the first time; then the women remaining in the various localities most advantageous or agreeable to them would resist the power of the law with all their might—not openly, of course, but by resorting to the innumerable forms of ruse and strategem

which confessedly give the palm of victory to their sisters engaged in a like conflict on the Continent, and which, according to the trustworthy indications of long experience on an immense scale there, will ensure their own success in England; then "clandestine prostitution" will become here, as it has long been on the Continent, the insuperable obstacle to the compulsory medication of public women; then in England, as now on the Continent, the voices of would-be reformers will be heard crying aloud for an augmentation of force, for more policemen and more surgeons to apply it—in fact, for a law condemning not only all women found guilty of practising prostitution to reside in brothels, but also all young girls (minors), after detection in the act of prostitution three times, their parents' protests and reclamation of them notwithstanding; and, finally, then in England, as on the Continent, especially in France, now, the moral sense in matters sexual will be so blunted and debased by the subtle, all-pervading influence emanating

from the Governmental recognition and superintendence of prostitution as a necessary and inseparable element of civilisation, that seduction will be regarded as a mere venial offence, and sexual demoralisation in its manifold-forms will extend its corrupting taint to increasingly wider and higher circles of English social life.

Meanwhile, and until this deplorable change shall have been accomplished, it behoves the people inhabiting those parts of England not yet subjected to the Contagious Diseases Acts to consider carefully whether, for the sake of the alleged advantages conferred on the army and navy by those Acts, the Government is justified in forcing the various centres of population outside the "protected districts" to become the receptacles of the thousands of prostitutes who are cast out from those districts, and who, in the places to which they migrate, operate as so many additional agents for the diffusion of a moral as well as a physical pestilence among the inhabitants.



